

Supporting resident with complex care needs

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Introduction to resident

67 yr old / male

PMH- Type 1 diabetes since 1979 (treated with insulin twice a day) Chronic Kidney Disease Stage 5

Visual Impairment , Essential Hypertension, AF, Stroke

No longer able to remain at home – admission to care home and for dialysis 3 times weekly

Initial Thoughts

Uncertainty??



Complexity



*An opportunity
for learning*



*Chance to work
with others*

Support from the MDT?

Renal
nurse's

Care Home
Collaborative

Resident and their care needs.
Support from family

Dietician's

Care
home staff

Care Home
Liason
Nurses

Key Learning

- ✓ Chronic Kidney Disease
- ✓ Diet
- ✓ Fluid Restriction's
- ✓ Care and management of Tunneled Central Venous Catheter (TCVC)
- ✓ Hemodialysis
- ✓ Management of Type 1 Diabetes

Chronic Kidney Disease

Long-term condition where the kidneys do not remove fluid and waste as well as they should. This is generally taken out of the body when we pass urine.

Advanced stages, symptoms can include:

- Shortness of Breath (SOB)
- Tired/ insomnia
- Oedema (swollen ankles, feet, hands, feet)
- Itchy skin
- Nausea
- Change in mood



Diet and Haemodialysis

Nutrients we need to consider :

- *Protein- Higher requirements in dialysis patients. Loss during dialysis*
- *Salt*
- *Potassium*
- *Phosphate*
- *Fluid*



Salt Intake

When the kidneys are not working in the same way, they lose the ability to remove **excess salt**. Will keep more water to dilute the extra salt.

- Recommendation = 6 g / d (~ 1 tsp)
- Average diet contains 9g salt / day
- ***Salt = Sodium (Na⁺) x 2.5***



No Added Salt (NAS) Diet- The aim is to limit salt intake to less than 6g a day.

****Food Labels ****

Potassium

Potassium, mineral for muscle movement and contraction

If serum potassium is high limit to 1mmol/kg/ IBW/day

Typical daily intake of potassium is 50-150mmol/day

High K+ foods

Fruit juice

Potatoes and potato crisps

Mushrooms, parsnips, spinach

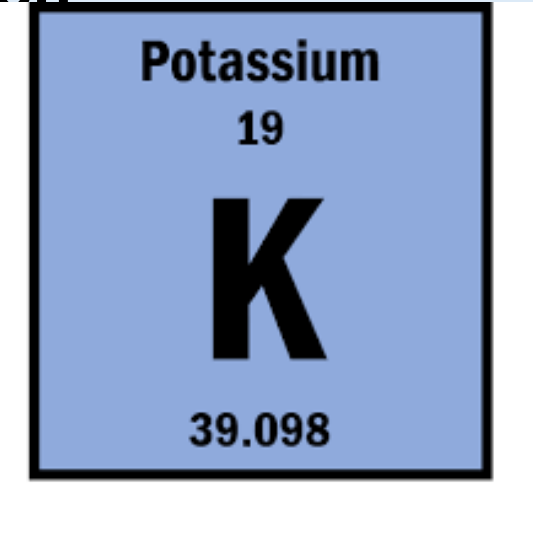
Nuts

Liquorice

Bananas, apricots, kiwi fruit, avocado, dried fruit, blackcurrants

Chocolate

Coffee, malted drinks



Phosphate

**A mineral in the body, helps generate energy from carbohydrates.
Prevention and management of bone disease**

Excess of phosphate can cause weakening of bone, as well cause hardening of blood vessels >> **cardiovascular disease**

Phosphate is controlled in 4 ways:

Diet

Phosphate binders

Dialyser type / size

Fluid Restriction

Fluid is essential for the body to function.

When the kidneys are not working properly , cannot get rid of excess fluid .

Recommended fluid weight gain between dialysis sessions 1-2 kg

Most patients on commencement of haemodialysis will begin to pass much less urine and a typical fluid allowance is 500ml-1000ml/day

Symptoms of too much fluid:

Sudden increase in weight

Swollen ankles and face

Breathlessness

Raised BP

Fluid Restriction in CKD

What counts as fluids?



The infographic displays six categories of items that count as fluids for CKD patients. Each category is represented by a photograph and a label: 1. Ice: A stack of four clear ice cubes. 2. Soups & stews: A white bowl filled with a vegetable soup. 3. Popsicles: A single red popsicle on a wooden stick. 4. Watery Fruits & Veggies: A collection of fresh produce including a peach slice, strawberries, and cucumber slices. 5. Gelatin: A red, cube-shaped gelatin dessert. 6. Yogurt: A glass of white yogurt topped with blueberries and cornflakes.

Ice

Soups & stews

Popsicles

Watery Fruits & Veggies

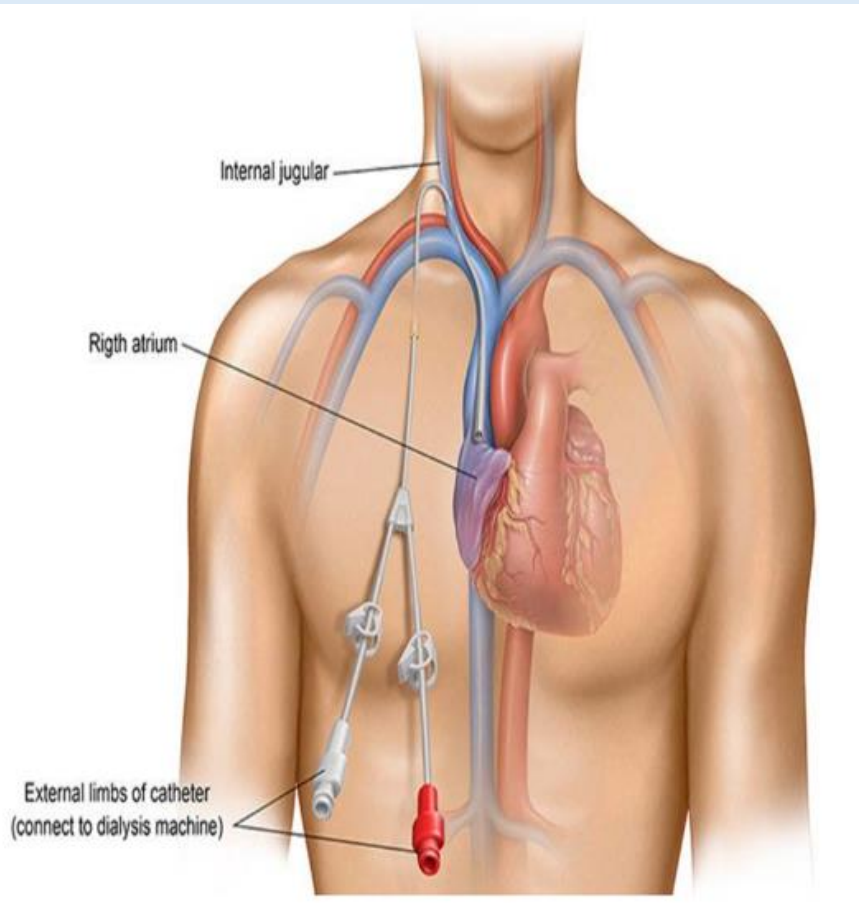
Gelatin

Yogurt

@plant.powered.kidneys

Tunnelled Central Venous Catheter (TCVC)

Line care will be delivered at the dialysis unit
Clear dressing should remain intact until the next visit.



Monitor for any concerns regarding the line
e.g.

Bleeding

Migration

Infection

Care and management of Tunnelled Central Venous Catheter (TCVC)

- Do's
 - Keep the area round your line clean at all times/ keep dressing on at all times
 - Be aware of your line , ie pets and children
 - Be aware and avoid clothes that may catch and tug
- Don'ts
 - Never use sharp objects near the line
 - Never use scissors near your line as a cut in the line is a medical emergency – risk of bleeding, introducing air into the bloodstream
 - Never shave around the site. (If this needs done, it will be done by dialysis nurse)
 - Never open/ remove the caps from the end of the line . This prevent air and bacteria entering the catheter
 - Don't get the dressing wet . Do not take long baths or swimming

What is haemodialysis ?

The kidneys remove waste products and excess fluid from the body. If the kidneys become damaged and stop working then dialysis provides these functions.

Haemodialysis involves diverting blood through a line or a fistula in to a machine to be cleaned, and then returned to the body.

What Happens?

Observations

Weight

Bloods

Line care

Dialysed over 4 hours

Type 1 Diabetes

*Ensuring that as well as knowledge on particular nutrients, diabetic diet is followed for **Type 1 Diabetes***

- Resident has Libra Sensor in place for monitoring of blood sugar's which is checked regularly
- Insulin dose adjusted as per dialysis days
- Check for ketones if BMs raised
- Hypo>> glucogel/glucojuice



Communication

Before – Gathering care/nursing needs before admission was crucial in ensuring right care. Identifying the MDT and training required, gave staff confidence in their support role and gave family assurances .

During –MDT in place and agreeing communication channels with all including family members to ensure needs were met and transition to the home was person centered car plan

After admission – Care home staff departments continue to effectively communicate .

Flash meeting @ 10:30 every morning

- Departments are aware of dialysis days.
- Kitchen has lunch ready @
- Nursing staff ensure all medication's, insulin given
- Care staff aware that ambulance comes @ . Ready @ Front of House(FOH)

On dialysis days

Effective handover between CH and dialysis unit

Notebook, diary .



The resident and family as part of the MDT

Kirsty has kindly agreed to share her, her loved one, and her family's shared experience on the MDT approach for complex care needs 😊

Questions/Queries ?

