

The background of the slide features a light yellow color with a pattern of faint, overlapping puzzle pieces. A solid yellow horizontal bar is positioned at the top of the slide. At the bottom, there is a decorative border consisting of several 3D-rendered puzzle pieces in shades of orange and yellow, appearing to be part of a larger assembly.

Nephrology Nursing Scope and Standards of Practice: The First Piece of the Nursing Process

Norma Gomez, MBA, MSN, RN, CNN

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Nephrology Nursing Scope and Standards

- **Objectives**

- Differentiate between standards and guidelines
- Identify the components of the nursing process
- Apply the Nephrology Nursing Scope and Standards of Practice into clinical practice

Scope of Practice

- What is a scope of practice?
- What should be included in a scope of practice?
- Why should we have a nephrology nursing scope of practice?



Scope of Practice

- The Scope of Nursing Practice describes the “who,” “what,” “where,” “when,” “why,” and “how” of nursing practice.



Definition of Nursing

- *Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations.*

ANA, 2010



Nephrology Nursing

Definition of Nephrology Nursing

Nephrology nursing is a specialty practice addressing the protection, promotion, and optimization of the health and well-being of individuals with kidney disease. These goals are achieved through the prevention and treatment of illness and injury, and the alleviation of suffering through patient, family, and community advocacy.



Nephrology Nursing

Scope of Practice for Nephrology Nursing

The purpose of the scope of practice for nephrology nursing is to describe, for the public and the profession, the nature of this specialty's nursing practice. The specialty's scope is derived from the scope of nursing practice as defined by the American Nurses Association (2010a) and builds on the previous versions published by the American Nephrology Nurses' Association (ANNA).



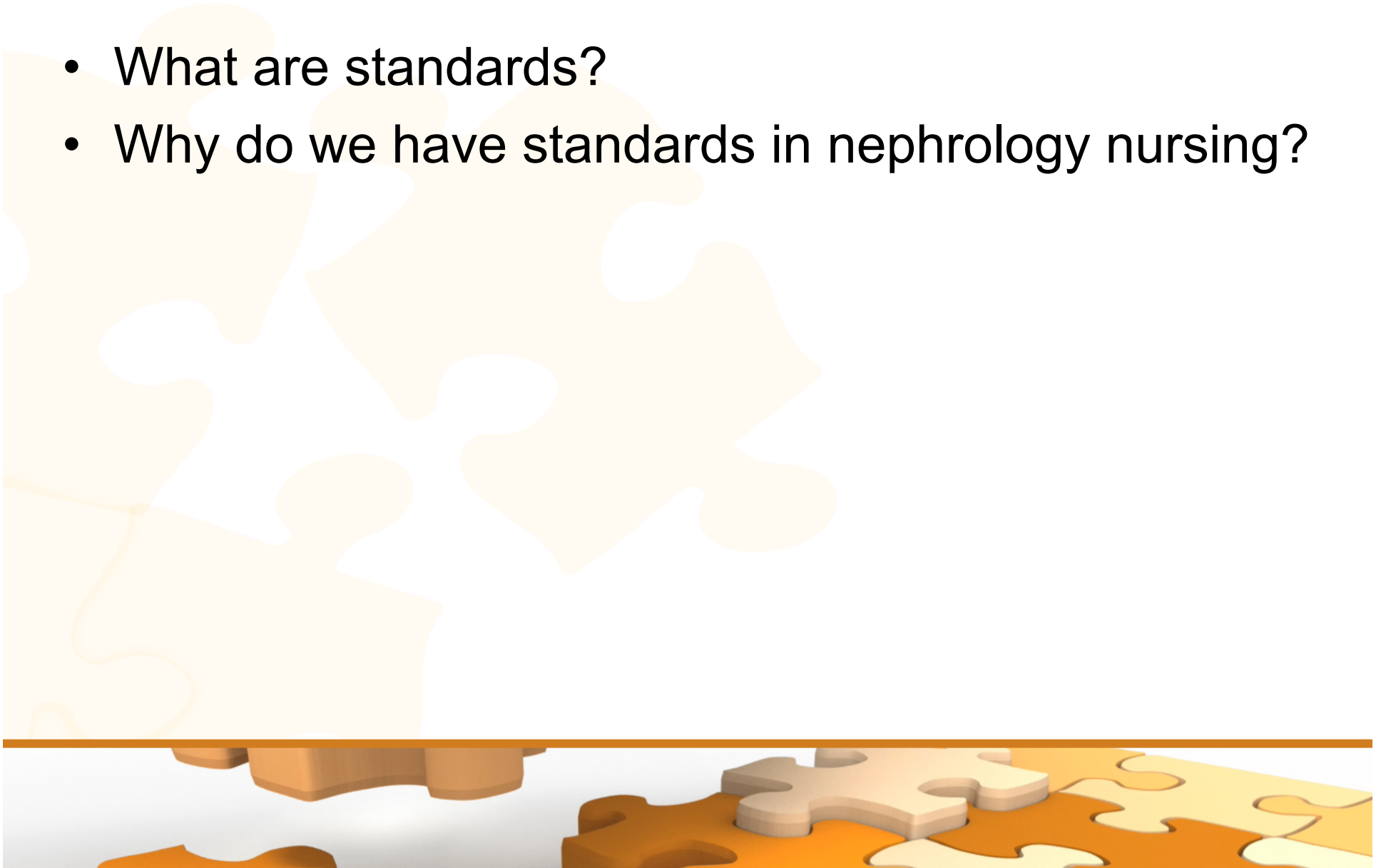
Components of a Scope of Practice

- Evolution of Nephrology Nursing
- Nephrology Nursing Process
- Areas of Practice
- Education
- Professional Development
- Health Policy
- Practice Issues
- Trends and Opportunities
- The Future of Nephrology Nursing



Nephrology Nursing Standards of Practice

- What are standards?
- Why do we have standards in nephrology nursing?



Standards

- A standard is a model of established practice that is commonly accepted as correct.
- Standards of Practice provide a guide to the knowledge, skills, judgments, and attitudes that are needed to practice safely



Standards in Nephrology Practice

- The standards of nephrology nursing practice are authoritative statements of the duties that all nephrology registered nurses are expected to perform competently.
- The standards may serve to gauge the quality of care provided to patients with the understanding that the application of the standards is context dependent.



Standards in Nephrology Practice

- The standards are subject to change with the dynamics of the nursing profession, nephrology practice, and local, state and federal regulations.
- In addition, specific conditions and clinical circumstances may affect the application of the standards at a given time e.g., during a natural disaster.
- The standards are subject to formal, periodic review and revision.



Standards 2011

- **Standards of Practice**
 - *Assessment*
 - *Diagnosis*
 - *Outcomes Identification*
 - *Planning*
 - *Implementation*
 - *Coordination of care*
 - *Health teaching and health promotion*
 - *Consultation*
 - *Prescriptive authority and treatment*
 - *Evaluation*



Standards 2011

- **Standards of Professional Performance**

- *Ethics*
- *Education*
- *Evidence-based practice and research*
- *Quality of Practice*
- *Communication*
- *Leadership*
- *Collaboration*
- *Professional Practice evaluation*
- *Resource utilization*
- *Environmental health*

STANDARDS OF NEPHROLOGY NURSING PRACTICE

The standards of nephrology nursing practice describe a competent level of nursing care as demonstrated by the application of the nursing process.

Standard 1

Assessment

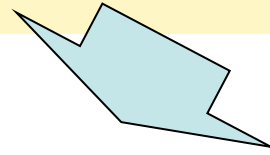
The nephrology registered nurse collects comprehensive data pertinent to the healthcare consumer's health and/or the situation.

Competencies

The nephrology registered nurse:

- Provides individualized comprehensive assessment of healthcare consumers and their care needs that contributes to the interdisciplinary team assessment.

Advanced Practice Registered Nurse



Additional competencies for the advanced practice registered nurse

The advanced practice registered nurse specializing in nephrology:

- Evaluates risks and potential risks of kidney disease in individuals, families, and the community.
- Initiates and interprets diagnostic tests and procedures relevant to the healthcare consumer's current status.
- Assesses the effect of interactions among individuals, family, community, and social systems on health and illness.



Nursing Process and Nephrology Nursing Standards

- Nephrology nurses use the nursing process in providing care to patients with kidney disease.
- The nursing process is comprised of assessment, diagnosis, outcomes identification, planning, implementation, and evaluation.
- Each phase of the nursing process interacts with and is influenced by the other phases.



Nursing Process and Nephrology Nursing Standards

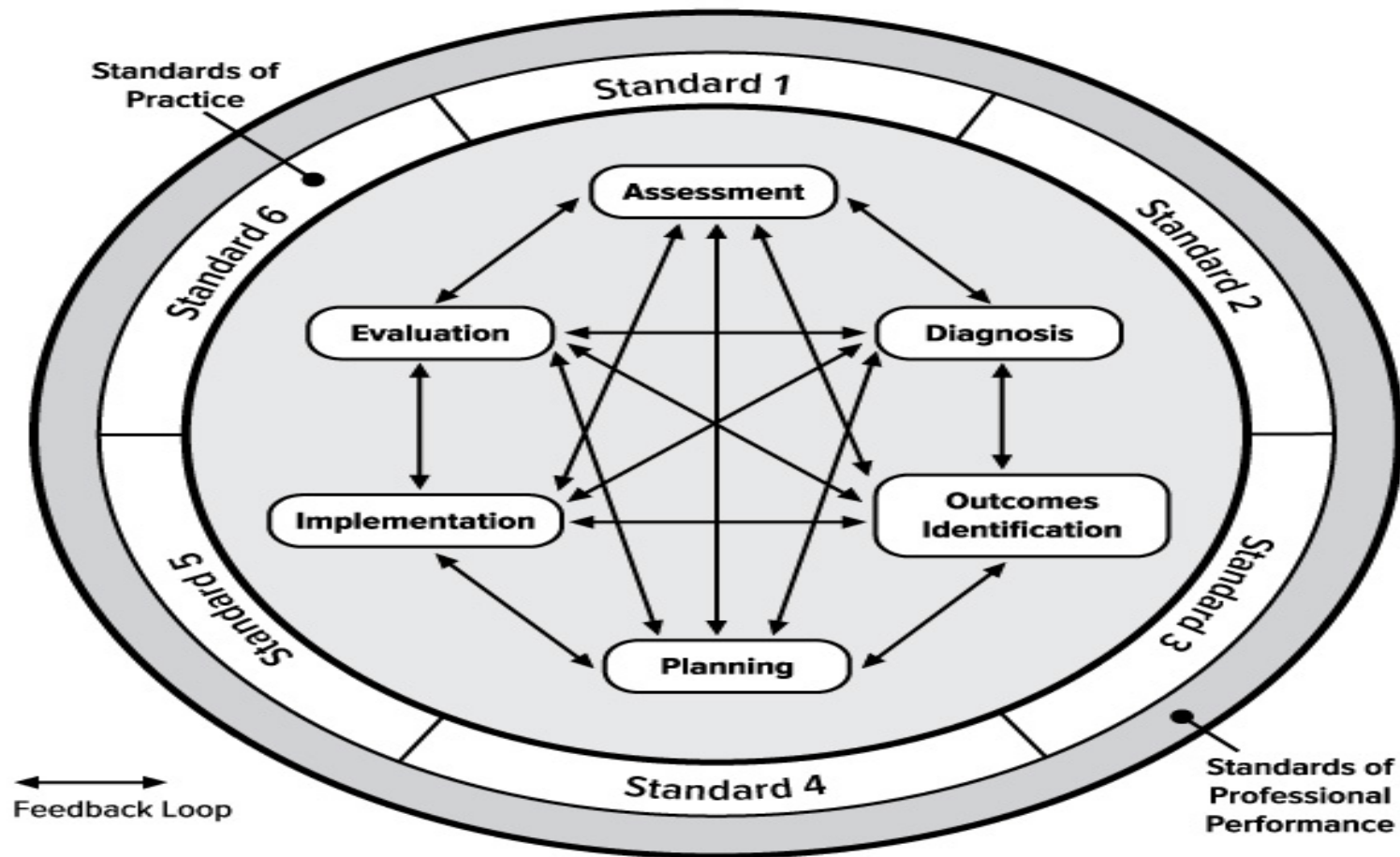


Figure 1. ANA. The Nursing Process and Standards of Professional Nursing Practice

Decision Making Process

Define the activity or task

Is the activity precluded by any rule, law or policy?

If YES, then STOP



Is the activity consistent with Scope and Standards of Practice

Has the nurse completed necessary training?

If NO, then STOP



Is the nurse prepared to accept and manage the consequences of performing the task

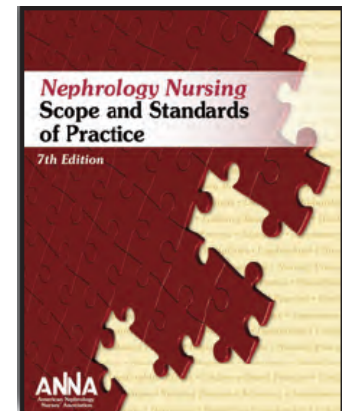
If Yes then the nurse may perform the task.

If NO, then refer to a professional qualified to perform the task



Nephrology Nursing Scope and Standards 2011

- What is different this year?
 - Definition of nephrology nursing
 - Review of nursing theorists
 - Evolution of nephrology nursing
 - Competencies versus measurement criteria
 - “How to use” tools
 - Short vignette



Nursing Theories

- Jean Watson's model of human care
- Madeline Leininger's theory of cultural care diversity and universality
- Dorothea Orem's theory of self-care deficit nursing theory
- AACN synergy theory



Evolution of Nephrology Nursing

- **1915** - nursing literature mentions care of patients with kidney disease
- **1952** – The Artificial Kidney (Coleman & Merrill, 1952) was the first article to describe role of the nurse in dialysis
- **1960** – development of arteriovenous shunt – a new era for nephrology nursing



Competencies versus Measurement Criteria

- A *competency* is an expected level of performance that integrates knowledge, skills, abilities, and judgment.
- No single evaluation method or tool can guarantee competence. Competence is situational and dynamic; it is both an outcome and an ongoing process.



Nephrology Nursing Competency

- The nephrology registered nurse positively influences factors that facilitate and enhance competent practice.
- The expected level of performance reflects variability depending upon context and the selected competence framework or model.



Standards 2011



Acknowledgments

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- 1977 Standards of Clinical Practice for the Nephrology Patient
- 1982 Nephrology Nursing Standards of Clinical Practice
- 1988 ANNA Standards of Clinical Practice for Nephrology Nursing
- 1993 Standards of Clinical Practice for Nephrology Nursing
- 1999 Standards and Guidelines of Clinical Practice for Nephrology Nursing
- 2005 Nephrology Nursing Standards of Practice and Guidelines for Care

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Standards 2011 Reviewers

- SIGs
- ANNA members
 - On-line posting of Scope and Standards



How to Use the Standards of Nephrology Nursing



Use of Standards and Processes

- Quality Improvement systems
- Policies, procedures, protocols
- Position descriptions and performance appraisals
- Educational programs; Staff training
- Patient education
- Outcome evaluation tools
- Regulatory systems
- Nephrology nursing research

ANNA





**Standards are the
WHAT**

Process is the HOW



STANDARDS OF PROFESSIONAL PERFORMANCE

- Quality of Care
- Performance Appraisal
 - Education
 - Collegiality
 - Ethics
- Collaboration
- Research
- Resource Utilization
- Leadership

ADMINISTRATION SUPPORT

- Philosophy & Practice
 - Leadership
 - Infrastructure
 - Communication

STANDARDS OF CLINICAL PRACTICE

- Assessment
- Diagnosis
- Outcome Identification
 - Planning
- Implementation
- Evaluation

CLINICAL PRACTICE GUIDELINES

CARE DELIVERY MODELS

ADVANCED PRACTICE

PROCESS ENHANCEMENT

PATIENT OUTCOMES

- Clinical End Points
 - Safety
- General Well-Being
 - Rehabilitation
- Satisfaction with Care

NURSE OUTCOMES

- Satisfaction
 - Safety
- Professional Development
- Retention

QUALITY IMPROVEMENT

RESEARCH

Hudson, S. & Prowant, B.
2008

ANNA

It's Okay To Copy



Professional Plagiarism

- Great resource
- Saves development time
- Make it yours



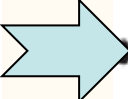
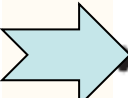


Action Plan



No Name Dialysis Center		
Performance Appraisal Action Plan		
Employee Name: _____		Title: _____
Manager's Name: _____		Location/Department: _____
<p>The purpose of this action plan is to identify the behavior(s), performance dimension, or skill(s) that must be improved or developed to meet position expectations. The following strategies outline opportunities for improvement or development. The expectation is that the manager and employee meet periodically (biweekly, monthly) to review progress on action plan components and make necessary changes or revisions as needed.</p>		
Dimension Identify area, skill, rated as needs improvement on evaluation	Action Include recommendations	Timeframe/Completion Deadline
Mary will document the following when completing patient assessments. (Use facility policy.) Assessment of the Dialysis Patient • The nephrology registered nurse collects comprehensive data pertinent to the healthcare consumer's health and/or the situation. (Standard 1. Assessment)	• Synthesizes available data, information, and knowledge relevant to the situation to identify patterns and variances. • Documents relevant data in a retrievable format.	• Completes on 100% of primary care patients over the next 90 days.
2.		
3.		
4.		
Employee Signature: _____		Date: _____
Manager Signature: _____		Date: _____

Standard 1 Assessment Page 17

- 
- Synthesizes available data, information, and knowledge relevant to the situation to identify patterns and variances.
- Applies ethical, legal, and privacy guidelines and policies to the collection, maintenance, use, and dissemination of data and information.
 - Recognizes a therapeutic healthcare consumer and provider relationship. Provider honors the healthcare consumer's preferences regarding his or her care.
- 
- Documents relevant data in a retrievable format.





Competency Checklist



No Name Transplant Center






Job/Population Specific Competency Skills Checklist (Clinical)

Name/Title _____ Dept/Unit _____

Employee ID Number _____ Division _____ Date: ____/____/____

Ages: Neonate (< 30 days) Preschool (3-5 years) Adulthood (18-69 years)
 Infant (1 month to 1 year) School age (6-12 years) Later Adult (>70 years)
 Toddler (1-3 years) Adolescent (13-18 years)

Validation Method: A = Policy Review F = Case Study Exam K = N/A
 B = Direct Observation G = Documentation Review
 C = Video Review H = Self Learning Module (SLP)
 D = Verbalization I = Simulated Demonstration
 E = Written Exam J = Other (specify)

Performance Criteria	Validation Method (May use more than one method)	Evaluation		Comments
		Meets Expectations	Needs Improvement	
Assessment of Renal Transplant Recipient Identifies barriers (such as psychosocial, financial, cultural, language, and educational) to effective communication and makes appropriate adaptations. <i>(Standard 1. Assessment)</i>  Provides for and promotes continuity of care. <i>(Standard 4. Planning)</i>  Prioritizes data collection activities based on the healthcare consumer's immediate condition, or anticipated needs of the healthcare consumer or situation. <i>(Standard 1. Assessment)</i>  Synthesizes available data, information, and knowledge relevant to the situation to identify patterns and variances. <i>(Standard 1. Assessment)</i>  Uses appropriate evidenced-based assessment techniques, instruments, and tools. <i>(Standard 1. Assessment)</i> 	B. Documents findings in nursing assessment form within 12 hrs of admission E. Prepares and revises nursing care plan that reflects assessment findings A. Follows No Name Transplant Center P&P on pt. identification and completion of surgical checklist			

Employee Signature: _____ Date: ____/____/____

Validator Signature: _____ Date: ____/____/____

Send to HR with Performance Appraisal



Standard 4

Planning

The nephrology registered nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.

Competencies

The nephrology registered nurse:

- ★ Develops an individualized plan in partnership with the interdisciplinary team that establishes goals and priorities for care while considering healthcare consumer characteristics (e.g., stage of CKD, vascular access type, acuity, transplant status, and/or other unique healthcare consumer needs).
- Incorporates an implementation pathway or timeline within the plan.
- ★ Establishes the plan priorities with the healthcare consumer, family, the interdisciplinary team, and others, as appropriate.
- Includes strategies in the plan that address each of the identified diagnoses or issues. These strategies may include strategies for:
 - ★ Promotion and restoration of health
 - Prevention of illness, injury, and disease
 - Alleviation of suffering
 - Supportive care for those who are dying
- Includes strategies for health and wholeness across the lifespan.
- ➡ Provides for continuity in the plan.
- Considers the economic impact of the plan on the healthcare consumer, family, caregivers, or other affected parties.
- Integrates current scientific evidence, trends, and research.
- Utilizes the plan to provide direction to other members of the health care team.
- Explores practice settings, staffing resources, and safe space and time to explore suggested, potential, and alternative options.
- Defines the plan to reflect best practices, statutes, rules and regulations, and standards.
- Modifies the plan according to the ongoing assessment of the healthcare consumer's response and other outcome indicators.
- Documents the plan in a manner that uses standardized language or recognized terminology.

Additional competencies for the advanced practice registered nurse

The advanced practice registered nurse specializing in nephrology:

- Identifies barriers to care, assessment strategies, diagnostic strategies, and therapeutic interventions within the plan that reflect current evidence, including data, research, literature, and expert clinical knowledge.

Standard 1 Assessment Page 16

Standard 1

Assessment

The nephrology registered nurse collects comprehensive data pertinent to the healthcare consumer's health and/or the situation.

Competencies

The nephrology registered nurse:

- ➡ Provides individualized comprehensive assessment of healthcare consumers and their care needs that contributes to the interdisciplinary team assessment.
 - Adheres to applicable federal, state, and local regulations for assessment criteria and frequency for healthcare consumers undergoing kidney replacement therapies (KRTs).
 - ➡ Collects comprehensive data in a systematic and ongoing process while honoring the uniqueness of the person including, but not limited to, current presentation and health status, including potential risk factors.
 - Assesses functional level to the extent necessary to determine whether the healthcare consumer is a candidate for referral for further evaluation and possible rehabilitation services.
-



Nursing Process of Care

Nephrology Nursing Process of Care

- What is a guideline?
- Do we have evidence-based guidelines in nephrology?



Guidelines

- Guidelines are systematically developed statements that have a potential for improving the quality of clinical and healthcare consumer decision making.
- They are based on available scientific evidence, clinical expertise, and expert opinion.
- Guidelines address specific patient populations or phenomena where standards have a broader framework for practice.



Nephrology Interdisciplinary Guidelines

- NKF KDOQI Guidelines
- RPA and ANNA Guidelines on Renal Replacement and End of Life Care
- Nephrology Nursing guidelines?
 - Testing of nursing interventions
 - Nephrology nurses with advanced skills in guideline development
 - Evidence-based research



Process of Care

- Patient outcome
- Nephrology Nursing Care
 - Assessment
 - Intervention
 - Patient Teaching
- Advanced Practice Nursing Care



Topics

- CKD Stages 1 – 4
- Nephrology Nursing Care
- Infection Control
- Hemodialysis
- Peritoneal Dialysis
- Self-care and Home Dialysis
- Apheresis and Therapeutic Plasma Exchange
- Continuous Renal Replacement Therapy
- Kidney and Pancreas Transplantation
- Palliative Care and End of Life

Nursing Process 2011

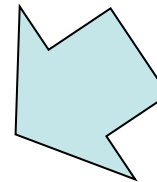


Infection Control

- 115 Bacterial Infection
- 117 Hepatitis B
- 119 Hepatitis C
- 120 Tuberculosis



Bacterial Infection



Patient Outcome

The patient will be free of signs and symptoms associated with localized infection or sepsis.

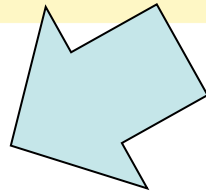
The patient's risk for bacterial colonization or infection due to a drug-resistant organism will be reduced.

Nursing Process 2011

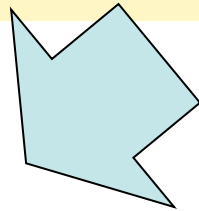
Nursing Care

Assessment

1. Identify factors in the patient's environment, lifestyle, health practices, and comorbid conditions (e.g., DM, PVD, and HIV) that may increase the risk of infection
2. Assess patient's personal hygiene practices
3. Assess for signs and symptoms of infection
 - A. Hyperthermia, with or without chills
 - B. Catheter insertion site, AV graft, AV fistula for local areas of induration, warmth, swelling, tenderness, erythema, and drainage
 - C. Hypotension or hemodynamic instability
 - D. Tachycardia
 - E. Generalized weakness and fatigue
 - F. Night sweats
 - G. Confusion
4. Monitor laboratory test results, including Gram stain, cultures and sensitivities, white blood cell count and differential, and indicators of nutritional status (e.g., albumin, total protein)



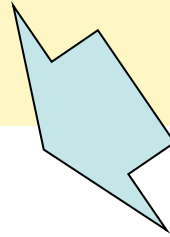
Nursing Process 2011



Intervention

1. Obtain laboratory analyses and cultures as ordered
 - A. Obtain cultures prior to starting antibiotic therapy
 - (1) Blood cultures
 - a. Use proper antisepsis for drawing blood cultures
 - b. Obtain one peripheral vein blood culture, if possible, per order
 - c. Avoid culturing vascular catheter tips, surrounding skin, or catheter hub
 - d. Requisition special tests as ordered (e.g., cultures for anaerobes or fungi)
 - (2) Catheter exit site or wound cultures
 - a. culture exudate when present

Nursing Process 2011



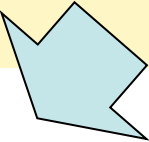
Patient and Family Teaching

Before teaching begins, consider health literacy and individualize the approach by considering patient's and family's cultural and health beliefs, preferences, and wishes

1. Review the effects of chronic kidney disease (CKD) and requirements of kidney replacement therapy to include impact on mental health
2. Teach skills that enhance self-management
3. Teach and reinforce communication and problem-solving techniques
4. Describe the stages of adaptation to chronic illness
5. Discuss the emotional impact of the disease process and chronic illness
6. Review stages of expected childhood development and current level of patient functioning for pediatric patients




Nursing Process 2011



Advanced Practice Nursing Care

(In addition to items outlined above)

Assessment

1. Interpret results of diagnostic studies (e.g., laboratory tests, EKG, chest x-ray, echocardiogram, sleep studies, residual kidney function, BVM profile, type, slope, and degree of plasma refill, bioimpedance spectroscopy [BIS] if available)
 2. Review fluid management effects on anemia, serum albumin, and vascular access patency
 3. Monitor patient's adherence to treatment plan
 4. Monitor patient's response to treatment plan
- 

Process of Care 2011

- Increased references
- “How to use” tools



How to Use the Nephrology Nursing Process of Care



Teaching Plan



Teaching Plan

Date _____

Goal

To decrease the number of patients receiving inadequate dialysis treatments.

Lesson description

Adequacy of the treatment impacts the patient on both a physical and psychological level. Both the registered nurse and the PCT have a role in delivering an “adequate” treatment to the patient. Patients present for treatment with different barriers impacting on the ability of the team to provide an adequate dialysis treatment. This lesson will discuss only the hemodialysis patient.

Learning principles

- Students are likely to be motivated to learn things that are meaningful to them.
- Students are more likely to learn if they take active part in the practice geared to reach the objective.

Audience

Direct patient care staff – includes both licensed and unlicensed staff

Objectives	Teaching Strategies/Level of Learning	Resources	Evaluation
<p>At the end of this section, the learner will:</p> <ul style="list-style-type: none"> • Explain what Kt/V and URR mean. <i>Cognitive – Comprehension – low to mid level</i> • State minimum goal for Kt/V and URR. <i>Cognitive – Knowledge – low level</i> • Identify at least three prescription changes that might be made to improve adequacy. <i>Cognitive – Knowledge – low level</i> • State the rationale for measuring adequacy of dialysis. <i>Cognitive – Knowledge – low level</i> • Verbalize the policy and procedure for adequacy blood draws on AV fistula patients. <i>Affective domain – Responding – low level</i> • Discuss possible solutions to complications of inadequate dialysis treatment. <i>Cognitive domain – Comprehension – low level</i> 	<p>Lecture – Direct teaching strategy used to give a foundation before discussing case studies. <i>Cognitive domain – Knowledge – low level; Comprehension – low level</i></p> <p>Questioning – Questioning during the lecture increases interest and motivation. This will be an effective strategy for the mixed audience of licensed and unlicensed staff. Questions can differentiate the RN and PCT response to a specific patient situation. <i>Affective domain – Responding – low level</i></p> <p>Case studies – Direct teaching strategy. The class will be divided into two groups to discuss the case studies and present findings to the entire class. <i>Cognitive domain – Application – medium to high level</i></p>	<ul style="list-style-type: none"> • PowerPoint presentation with LCD • Case studies and key 	<ul style="list-style-type: none"> • Case study discussion • Quiz

Standard 5b Health Teaching Health & Health Promotion

- The nephrology registered nurse employs strategies to promote health and a safe environment



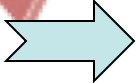
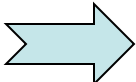
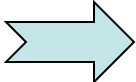
Nephrology Nursing Process – Hemodialysis

Page 128



Adequacy

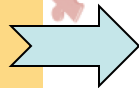
Patient Outcomes

-  The patient will have a delivered dose of hemodialysis that meets or exceeds the KDOQI and CMS Conditions of Coverage target for adequate dialysis.
 -  The patient will demonstrate knowledge of the hemodialysis prescription and the importance of the delivered dose of dialysis.
 -  The patient will demonstrate adherence to the hemodialysis prescription.
The patient's level of functioning will be maintained or improved.
The patient will describe a satisfactory quality of life.
-

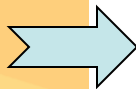
Nephrology Nursing Process

Hemodialysis Page 129

Adequacy



Assess patient's understanding of the importance of the delivered dose of hemodialysis



- L. Poor quality of life
- M. Abnormal growth and development in children
- N. Poor vocational or school performance
- O. Prolonged recovery time postdialysis
- 4. If the actual delivered dose of hemodialysis falls below the target level, assess potential reasons
 - A. Compromised urea clearances
 - (1) inadequate access blood flow
 - (2) access recirculation
 - (3) inappropriate dialyzer size or clearance
 - (4) inadequate dialyzer reprocessing
 - (5) excessive dialyzer clotting during dialysis
 - (6) inadequate extracorporeal blood flow rate
 - (7) inadequate dialysate flow rate
 - (8) dialyzer leaks
 - (9) incorrect prime technique: introduction of air in dialyzer
 - (10) incorrect needle placement or reversal of blood lines
 - B. Reduction in treatment times
 - (1) inaccurate assessment of effective treatment time (e.g., use of wall clock or watch instead of machine treatment time)
 - (2) uncompensated interruptions in actual treatment time
 - a. occurrence of clinical complications such as hypotension/cramping during treatment
 - b. equipment alarms
 - c. manipulation of needles
 - d. dialysate bypass situations (e.g., temperature or conductivity alarms)
 - (3) shortened treatment time
 - a. premature discontinuation of dialysis due to
 - [1] patient request or demand
 - [2] dialysis unit issues, such as facility hours, patient schedule restraints, limited staff availability
 - [3] clinical complications
 - b. delay in initiation of dialysis
 - [1] patient issues: late for treatment, access problems
 - c. missed dialysis treatments
 - C. Laboratory or blood sampling errors
 - (1) sampling methods
 - (2) timing of sampling
 - (3) laboratory error
 - 5. Assess the patient for causes of intradialytic complications that could potentially result in inadequate delivered dose of dialysis
 - A. Inaccurate estimated dry weight (EDW)
 - B. Large interdialytic weight gains
 - C. High ultrafiltration rate
 - D. Medication related
 - E. Hypoxemia
 - F. Anemia
 - G. Cardiovascular issues such as poor ejection fraction, arrhythmia, ischemia
 - H. Posture
 - I. Increased temperature during treatment
 - J. Eating during treatment
 - K. Inaccurate pre-weight documented

Presentations



Nursing Assessment of the Kidney Transplant Patient Post Renal Biopsy*

After biopsy assess for...

1. Bleeding, swelling, hematoma, pain at site
2. Peripheral pulses
3. Hematuria
4. Ability to void
5. Vital signs
6. New bruit over area

**Gomez, N., (2011) Nephrology Nursing Standards and Process of Care "Allograft Dysfunction" p. 221.*



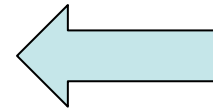
Nephrology Nursing Process of Care – Kidney and Pancreas Transplantation p. 221

4 ~ Nephrology Nursing Process of Care – Kidney and Pancreas Transplantation

Postoperative Care of Donors and Recipients – Allograft Dysfunction

Monitor for effectiveness and side effects or complications of immuno- suppressive therapy

- (3) diminished peripheral pulses
- D. Kidney only
 - (1) use of angiotensin-converting enzyme (ACE) inhibitors or vasoconstrictive agents, including cyclosporine and tacrolimus
 - (2) bruit over renal artery
 - (3) sudden increase in blood pressure
 - (4) hematuria (renal vein thrombosis)
- 3. Assess for evidence of postrenal/postpancreas causes of allograft dysfunction
 - A. Urinary catheter patency or ability to empty bladder efficiently*
 - B. Abnormal drainage from incision or drains
 - C. Swelling or pain near allograft
 - D. Urinary tract infection*
- 4. Assess for evidence of intra-organ causes of allograft dysfunction
 - A. Duration of ischemia prior to transplantation
 - B. Tenderness over graft
 - C. Nonadherence to immunosuppressive regimen
 - D. Temperature
 - E. Hypersensitivity reactions
 - F. Recent illness and activity
 - G. Kidney only
 - (1) proteinuria, hematuria
 - (2) potential for recurrence of original renal disease
 - (3) use of nephrotoxic contrast agents and drugs
 - (4) medications that alter drug levels of immunosuppressive medications
- 5. Review results of diagnostic studies
- 6. Assess emotional status
- 7. Assess factors affecting adherence to medical regimen
- 8. After biopsy of transplanted organ, assess for
 - A. Bleeding, swelling, hematoma, pain at biopsy site
 - B. Peripheral pulses
 - C. Hematuria*
 - D. Ability to void*
 - E. Vital signs
 - F. New bruit over organ



Don't Forget To.....

- Incorporate SOP when writing professionally
- Incorporate when writing for place of employment
- Incorporate when writing for NN volunteer activities



Samples

www.annanurse.org/StandardsForms

password protected, use...

NephrologyNurse



Disclaimer

- Disclaimer – These forms are for educational purposes only. They are intended to provide examples of the types of forms that administrators and nephrology registered nurses may want to use to incorporate the *Nephrology Nursing Scope and Standards of Practice* into clinical practice. The information provided is not intended to establish or replace the forms provided by dialysis providers to their facilities. Please check with your facility or unit manager before implementing any form provided here.
- **It is the responsibility of the user to verify that any use of the forms does not violate copyright laws.**



Referencing

- Gomez, N. (Ed.) (2011). *Nephrology nursing scope and standards of practice* (7th ed.). Pitman, NJ: American Nephrology Nurses' Association.
(whole book in general)

OR

- Gomez, N. (Ed.) (2011). *Nephrology nursing scope and standards of practice* (7th ed., pp. 1-13). Pitman, NJ: American Nephrology Nurses' Association.
(certain chapter(s) within the book)

REMEMBER

*Imitation is the
sincerest form of
flattery*



Questions or comments!

