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

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• 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?
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.
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

<table>
<thead>
<tr>
<th>Define the activity or task</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the activity precluded by any rule, law or policy?</td>
<td>If YES, then STOP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is the activity consistent with Scope and Standards of Practice</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the nurse completed necessary training?</td>
<td>If NO, then STOP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is the nurse prepared to accept and manage the consequences of performing the task</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes then the nurse may perform the task.</td>
<td>If NO, then refer to a professional qualified to perform the task</td>
</tr>
</tbody>
</table>
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

Sincere appreciation is extended to the ANNA Board of Directors (2010-2011) for their commitment to quality patient care.

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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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• 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
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

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

PATIENT OUTCOMES

NURSE OUTCOMES

PATIENT OUTCOMES

NURSE OUTCOMES

QUALITY IMPROVEMENT

RESEARCH

Hudson, S. & Prowant, B. 2008
It’s Okay To Copy
Professional Plagiarism

- Great resource
- Saves development time
- Make it yours
Action Plan
### Performance Appraisal Action Plan

**No Name Dialysis Center**

<table>
<thead>
<tr>
<th>Employee Name: __________________________</th>
<th>Title: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager’s Name: ________________________</td>
<td>Location/Department: ____________</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Identify area, skill, rated as needs improvement on evaluation</th>
<th>Action</th>
<th>Include recommendations</th>
<th>Timeframe/Completion Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary will document the following:</td>
<td>- When completing patient assessments. (Use facility policy.)</td>
<td>• Synthesizes available data, information, and knowledge relevant to the situation to identify patterns and variances.</td>
<td>* Completes on 100% of primary care patients over the next 90 days.</td>
<td></td>
</tr>
<tr>
<td>Assessment of the Dialysis Patient:</td>
<td>- The nephrology registered nurse collects comprehensive data pertinent to the healthcare consumer’s health and/or the situation. (Standard 1, Assessment)</td>
<td>• Documents relevant data in a retrievable format.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.

3.

4.

**Employee Signature: __________________________ Date: __________________________

Manager Signature: __________________________ Date: __________________________
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)

<table>
<thead>
<tr>
<th>Name/Title</th>
<th>Dept/Unit</th>
<th>Employee ID Number</th>
<th>Division</th>
<th>Date:</th>
</tr>
</thead>
</table>

### 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
- B = Direct Observation
- C = Video Review
- D = Verbalization
- E = Written Exam
- F = Case Study Exam
- G = Documentation Review
- H = Self-Learning Module (SLP)
- I = Simulated Demonstration
- K = N/A

### Performance Criteria

#### Assessment of Renal Transplant Recipient

<table>
<thead>
<tr>
<th>Performance Criteria</th>
<th>Validation Method</th>
<th>Evaluation</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluates the patient's physical condition and identifies barriers such as psychosocial, financial, cultural, language, and educational to effective communication and makes appropriate adaptations.</td>
<td>B. Documents findings in nursing assessment form within 12 hrs of admission</td>
<td>Meets Expectations</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Provides for and promotes continuity of care.</td>
<td>A. Follows No Name Transplant Center P&amp;P on pt. identification and completion of surgical checklist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prioritizes data collection activities based on the healthcare consumer’s immediate condition, or anticipated needs of the healthcare consumer or situation.</td>
<td>E. Preparers and revises nursing care plan that reflects assessment findings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Synthesizes available data, information, and knowledge relevant to the situation to identify patterns and variances.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses appropriate evidenced-based assessment techniques, instruments, and tools.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Employee Signature

__________________________  
(-----/-----/-----)

### Validator Signature

__________________________  
(-----/-----/-----)

--Send to HR with Performance Appraisal--

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Nephrology Nursing Scope and Standards of Practice • 7th Edition
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

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
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 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)
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
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
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

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

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Teaching Strategies/Level of Learning</th>
<th>Resources</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>At the end of this section, the learner will:</td>
<td>Lecture – Direct teaching strategy used to give a foundation before discussing case studies. Cognitive domain – Knowledge – low level; Comprehension – low level</td>
<td>PowerPoint presentation with LCD</td>
<td>Case study discussion</td>
</tr>
<tr>
<td>• Explain what Kt/V and URR mean. Cognitive – Comprehension – low to mid level</td>
<td>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. Affective domain – Responding – low level</td>
<td>Case studies and key</td>
<td>Quiz</td>
</tr>
<tr>
<td>• State minimum goal for Kt/V and URR. Cognitive – Knowledge – low level</td>
<td>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. Cognitive domain – Application – medium to high level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Identify at least three prescription changes that might be made to improve adequacy. Cognitive – Knowledge – low level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• State the rationale for measuring adequacy of dialysis. Cognitive – Knowledge – low level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Verbalize the policy and procedure for adequacy blood draws on AV fistula patients. Affective domain – Responding – low level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Discuss possible solutions to complications of inadequate dialysis treatment. Cognitive domain – Comprehension – low level</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
The nephrology registered nurse employs strategies to promote health and a safe environment.
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.
1. 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 area 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. Dialyzer 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 (EFDW)
B. Large interdialytic weight gains
C. High ultrafiltration rate
D. Medication related
E. Hypertension
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

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

- Postoperative Care of Donors and Recipients – Allograft Dysfunction

  1. Monitor for effectiveness and side effects or complications of immunosuppressive therapy

  2. Postoperative Care of Donors and Recipients – Allograft Dysfunction

  - (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

  (whole book in general)

  OR

  (certain chapter(s) within the book)
REMEMBER

*Imitation is the sincerest form of flattery*
Questions or comments!