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Renal Diet and Fluid Restriction Survival Guide for Hemodialysis

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Problem Statement: There is a lack of appropriate diet and fluid restriction education for End Stage Renal Disease (ESRD) patients which places these patients at a higher risk for morbidity and mortality. The current educational resources are not adequate to serve this population of patients.

Literature Review: Fifty percent of hemodialysis patients have been nonadherent in some form during their treatments, and nonadherence to renal diet and fluid restriction is a common issue. The education required to understand hemodialysis and the interventions necessary to maintain the body between treatments is extensive. For the ESRD population with limited health literacy levels, educational material is often too advanced for the patients to understand. Nonadherence to the renal diet and fluid restrictions is often an outcome of poor medical education, affects hospital readmission and mortality and is associated with a poor quality of life, and depression.

PICOT: In End Stage Renal Disease patients newly starting hemodialysis, how does a survival education guide for diet and fluid restriction education affect patients' knowledge of diet and fluid restriction within their first year of hemodialysis?

Methods: At an adult nephrology unit, the intervention of a Renal Diet and Fluid Restriction Survival Guide Brochure will be given to participating patients who have been on hemodialysis for one year or less. Prior to the intervention, knowledge will be tested using the End Stage Renal Disease Adherence Questionnaire (ESRD-AQ). After obtaining pre-intervention knowledge, the Renal Diet and Fluid restriction brochure will be provided and explained by the investigator. After the intervention (2-14 days) the ESRD-AQ will be given again to assess if there is a statistically significant improvement ($p < 0.05$) before and after the intervention.

Conclusion: This educational tool will be evaluated in the inpatient setting and if found to be statistically significant in improving diet and fluid education to hemodialysis patient, it may be utilized by primary care providers as well. By creating an educational tool that can be used by collaborating providers it gives the patient a multidisciplinary team that works together to empower the patient to improve his or her health by adhering to the diet and fluid restriction. The identified population in this project will benefit from health promotion and education. This innovative project will fill a gap in the current practice of patient education on renal diet and fluid restrictions.

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