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1

Nephrology Nursing
Scope of Practice

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 (2010b) and builds on the previous versions published by the American Nephrology Nurses’ Association (ANNA).

Nephrology nursing encompasses the primary, secondary, and tertiary care of individuals with potential and progressive chronic kidney disease (CKD), end-stage renal disease (ESRD), acute kidney injury (AKI), and other health care conditions requiring nephrologic intervention. Nephrology nursing practice spans the continuum of care for patients with kidney disease. Nephrology nurses provide care to neonatal, pediatric, adult, and geriatric individuals from a variety of ethnic groups. The nursing care may be extremely complex as this patient population may have various comorbid conditions including cardiovascular disease, diabetes, hypertension, infectious disease, and/or mineral and bone disease. In addition, many face psychosocial issues.

The term kidney replacement therapies (KRT) is being used in the nephrology community in place of the older term renal replacement therapies (RRT). These terms identify all therapies used to treat kidney disease including dialysis, transplantation, and palliative care. Throughout this publication, the terms healthcare consumer and patient will be used interchangeably. Healthcare consumer is defined as the patient, person, client, family, group, community, or population who is the focus of attention and to whom the registered nurse is providing services as sanctioned by the state regulatory bodies (ANA, 2010b). The term family relates to the family origin or significant others as identified by the patient. The ANA standards use the term interprofessional defined as reliant on the overlapping knowledge, skills, and abilities of each professional team member. However, the ANNA work group determined to continue the usage of interdisciplinary as reflected in the Centers for Medicare and Medicaid Services (CMS) Conditions for Coverage (CfCs) (CMS, 2008).
practice acts and institutional policies and procedures. The apex of this model of professional responsibility is achieved with the individual nephrology nurse’s assumption of personal accountability for continuing education and professional experience over and above the basic requirements for professional nephrology nursing.

**General Nephrology Nursing Practice**

In addition to basic educational preparation to function as a registered nurse, nephrology nursing practice at the generalist level requires a specific knowledge base and demonstrated clinical expertise in kidney disease care.

The nephrology nurse coordinates care in collaboration with other care providers and health team members to plan and provide required care as effectively as possible. The nephrology nurse acts as a patient guide and advocate, assisting the patient in seeking information, assuring that the patient has the opportunity for informed consent for treatment decisions, and promoting the maximal level of patient-desired independence. The nephrology nurse may also function in the role as a nurse manager to assure patient safety and the delivery of appropriate care.

The nephrology nurse is accountable for delivering care within the framework of the nursing process. The nephrology nurse uses assessment findings to formulate nursing diagnoses and prioritize problems according to patient need. The nephrology nurse engages the patient in mutual goal setting and collaboration in developing a plan of care directed toward achieving identified goals. The effectiveness of the plan of care in goal achievement is evaluated through patient outcomes.

The nephrology nurse actively participates in professional role development activities including continuing education, quality assessment and improvement, and the review and clinical application of research findings to assure evidence-based practice. The nephrology nurse develops ethically sound practice and confronts ethical challenges through application of the *Nephrology Nursing Scope and Standards of Practice*.

**Advanced Practice in Nephrology Nursing**

Advanced practice in nephrology nursing requires substantial analytical knowledge in nephrology nursing, and the application and advancement of that knowledge in providing expert care to individuals diagnosed with kidney disease, their families, and the community at large. This advanced practice may include the roles of primary care provider, coordinator, consultant, educator, researcher, and administrator.

Consistent with ANA’s *Nursing’s Social Policy Statement and Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education* (APRN Consensus Work Group, 2008), the minimum requirements for an advanced practice registered nurse (APRN) with specialization in nephrology are graduate level preparation and certification in an APRN role and at least one population focus, including family/individual across the lifespan, adultgerontology, neonatal, pediatrics, women’s health/gender related, and/or psychiatric-mental health. The APRN with a specialty in nephrology has additional didactic and clinical course work and experiences in that area.

The advanced practice registered nurse prescribes in accordance to state and federal regulations. The advanced practice registered nurse uses specific pharmacologic knowledge and experience to adjust medications as indicated for the patient with kidney disease. The advanced practice registered nurse participates in the development and assessment of medication protocols.

Nephrology nurses practicing at the advanced level must be able to assess, diagnose, theorize, and analyze complex clinical and nonclinical problems related to the actual or potential diagnosis of kidney disease. In addition, *advanced practice* denotes the ability to consider a wide range of theory and research relevant to understanding kidney disease-related problems.
### No Name Dialysis Center

#### Employee Performance Review Form

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Job Title</th>
<th>Job Date</th>
<th>Review Period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>/ /</td>
<td>/ / thru / /</td>
</tr>
</tbody>
</table>

#### Rating System

- **TT = Top Talent**: Performance exceeds position requirements. Results attained, values clearly demonstrated, and personal contribution is exceptional.
- **VC = Valued Contributor**: Performance meets position requirements. Results attained and personal contribution represent the level expected.
- **NI = Needs Improvement**: Performance requires improvement in order to meet position requirements. ACTION PLAN REQUIRED.

#### Position-Specific Requirements

Review job description to determine overall rating for job-specific requirements including essential functions, technical competencies, and job-specific knowledge.

Rate results attained for job-specific objectives (attach applicable job description):

<table>
<thead>
<tr>
<th>Ethics</th>
<th>Communication/Collaboration</th>
<th>Rating E M</th>
<th>Rating E M</th>
</tr>
</thead>
<tbody>
<tr>
<td>From Standard 7 Ethics</td>
<td>From Standard 11 Communication; Standard 13 Collaboration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The nephrology registered nurse practices ethically. Please note, (E) = employee’s self-evaluation rating, and (M) = manager’s rating.</td>
<td>The nephrology registered nurse communicates effectively in a variety of formats in all areas of practice. And collaborates with healthcare consumer, family and others in the conduct of nursing practice. Please note, (E) = employee’s self-evaluation rating, and (M) = manager’s rating.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses the Guide to the Code of Ethics for Nurses: Interpretation and Application (ANA, 2010) to guide practice.</td>
<td>Partners with others to effect change and generate positive outcomes through the sharing of knowledge of the healthcare consumer and/or situation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delivers care in a manner that preserves and protects healthcare consumer autonomy, dignity, rights, values, and beliefs.</td>
<td>Adheres to standards and applicable codes of conduct that govern behavior among peers and colleagues to create a work environment promoting cooperation and respect.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assists healthcare consumers in self determination and informed decision making.</td>
<td>Maintains communication with other providers to minimize risks associated with transfers and transition of care delivery.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains therapeutic and professional healthcare consumer-nurse relationship with appropriate professional role boundaries.</td>
<td>Uses scripts for key customer encounters.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe Environment From Standard 16 Environmental Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The nephrology registered nurse practices in an environmentally safe and healthy manner.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Takes action to prevent/report a hostile work environment.</td>
<td>Follows up on customer requests and issues.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promotes and monitors the practice environment for appropriate infection control practices including consumer safety, which impact the healthcare consumer.</td>
<td>Looks for opportunities to increase customer satisfaction with service.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains adherence to dress code.</td>
<td>Greets coworkers, visitors and patients with a smile and “Hello.”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains a safe environment in relation to patient age and physical condition.</td>
<td>Answers every call with a greeting – “Good Morning/Afternoon” and states facility and name.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Closes each interaction by asking, “Is there anything else I can do for you?”</td>
<td></td>
<td></td>
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</tbody>
</table>

*Continues on next page*
Infection Control

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
# No Name Dialysis Center

## Performance Criteria Checklist

**CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT)**

<table>
<thead>
<tr>
<th>CRRT Criteria</th>
<th>Met / Not Met</th>
<th>Date &amp; Evaluator</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Checks for appropriate orders and consent before initiating treatment.</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assesses vascular access site.</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Assesses patient's vital signs before initiating treatment.</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Attains pretreatment samples for lab test.</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. If using blood pump, checks and sets:</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. blood flow</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. pressure monitor limits</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. air detector</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Initiates treatment according to procedure.</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Administers anticoagulant or initiates infusion.</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Adjusts anticoagulation therapy based on patient's response and physician orders.</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Performs interventions specific to type of anticoagulant.</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Monitors the following during therapy:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Blood pressure, pulse, temperature</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Cardiac rhythm, rate, dysrhythmias</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Level of consciousness, mentation</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Intravascular and extravascular volume status</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Respiratory status and oxygenation</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Responds appropriately to complications of treatment:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Infection</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Hypoglycemia</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Hypothermia</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Blood leak</td>
<td>Y</td>
<td></td>
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</tbody>
</table>
Glossary

AAMI
The Association of the Advancement of Medical Instrumentation. This organization sets the standards and recommended practice for dialysis machines, reuse of dialyzers, electrical safety, monitoring and culturing of machines and water systems, cleaning of machines, quality of water used for dialysis and methodology for bacterial sampling.

Advanced practice registered nurses (APRN)
A nurse who has completed an accredited graduate-level education program preparing her or him for the role of certified nurse practitioner, certified registered nurse anesthetist, certified nurse-midwife, or clinical nurse specialist; has passed a national certification examination that measures the APRN role and population-focused competencies; maintains continued competence as evidenced by recertification; and is licensed to practice as an APRN. (Adapted from APRN JDG, 2008.)

Assessment
A systematic, dynamic process by which the registered nurse, through interaction with the patient, family, groups, communities, populations, and healthcare providers, collects and analyzes data. Assessment may include the following dimensions: physical, psychological, sociocultural, spiritual, cognitive, functional abilities, developmental, economic, and lifestyle.

Autonomy
The capacity of a nurse to determine her or his own actions through independent choice, including demonstration of competence, within the full scope of nursing practice.

Caregiver
A person who provides direct care for another, such as a child, dependent adult, the disabled, or the chronically ill.

Chronic kidney disease (CKD)
A progressive loss in kidney function over a period of months or years. It is divided into stages based on glomerular filtration rate.

Code of ethics (nursing)
A list of provisions that makes explicit the primary goals, values, and obligations of the nursing profession and expresses its values, duties, and commitments to the society of which it is a part. In the United States, nurses abide by and adhere to the Guide to the Code of Ethics for Nurses: Interpretation and Application (ANA, 2010).

Collaboration
A professional health care partnership grounded in a reciprocal and respectful recognition and acceptance of: each partner’s unique expertise, power, and sphere of influence and responsibilities; the commonality of goals; the mutual safeguarding of the legitimate interest of each party; and, the advantages of such a relationship.