Recognise, assess and manage acute episodes of illness in a renal patient



#### **Overview**

This standard is about recognising and managing acute episodes of illness with patients on haemodialysis, peritoneal dialysis (e.g. peritonitis in patients on CAPD) or in a pre-dialysis stage. Such episodes are also opportunities for further development of the patient's understanding of their condition and how they may contribute to caring for themselves.

Users of this standard will need to ensure that practice reflects up to date information and policies.

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## Performance criteria

#### You must be able to:

- P1 take a history carefully and listen to symptoms
- P2 assess the patient's condition (e.g. physical examination, measurement of temperature, pulse, respiration and blood pressure)) and refer according to their needs (e.g. to cardiologist or to acute unit)
- P3 be calm and prepared to act quickly should the condition of the patient require this (e.g. chest pain)
- P4 discuss possible treatment plans and arrangements with other members of the team at an early stage (e.g. admission to hospital, changing dialysis centre, transport, arranging a hospital bed, ECG, blood tests, X-rays, inserting a central venous catheter, administering IV antibiotics)
- P5 ensure that the notes of the patient are available and read by everyone directly involved with the patient's treatment plan
- P6 collect the results of the investigations and discuss them and their implications and treatment options with the patient and/or carer and other practitioners
- P7 encourage the patient to participate fully in the decision making process
- P8 explain to the patient or carer the working diagnosis and treatment needed at each stage of the episode of illness
- P9 deliver the treatment plan efficiently and speedily (e.g. gaining urgent dialysis access and subsequent dialysis, changing dialysis centre, organising a hospital bed, equipment, personnel)
- P10 monitor, review and revise the overall treatment plan through the acute episode
- P11 record the episode and make it available to members of the multidisciplinary team
- P12 help the patient understand the cause of the episode and outcomes without attributing blame
- P13 establish the risk factors for the current acute episode with the patient and/or carer and co-practitioners
- P14 explore ways of minimising further acute episodes, discussing with the patient and/or carer, taking into account the patient's preferences and belief structures and other ongoing medical treatment
- P15 identify an action plan in concordance with the patient to which the patient fully commits (e.g. changing dialysis centre)
- P16 agree a `fast track' care pathway with the patient in case of further acute episodes in the future

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# Knowledge and understanding

You need to know and understand:

- K1 anatomy and physiology
- K2 renal function as a component of the whole body function
- K3 nature and consequences of renal failure
- K4 treatment of renal disease, failure and associated conditions
- K5 symptoms, causes and underlying conditions that result in an acute episode
- K6 best practice for treatment and of the patient during an acute episode
- K7 measuring physiological parameters (e.g. fluid, electrolytes, blood pressure, diabetic status)
- K8 identification of complications and conditions associated with renal dysfunction or failure and their treatment (e.g. hypertension, renal bone disease, obstructive uropathy)
- K9 best practice treatment and stabilisation of conditions for patients on renal replacement and those on conservative care
- K10 contributions that patients can make to their own health and wellbeing (e.g. through lifestyle, diet, exercise, medication, self-testing)
- K11 developing plans of care with patients and other members of the multidisciplinary team
- K12 how to make available specialist renal staff, equipment and care wherever a patient is in the hospital or other setting (e.g. satellite unit, at home)
- K13 local protocols on suitability for dialysis
- K14 how to ask open-ended questions, listen carefully and summarise back
- K15 methods of communicating sensitive information to individuals
- K16 how to provide individuals with opportunities to ask questions and increase their
- K17 how to adapt communications styles in ways which are appropriate to different people (e.g. culture, language, or special needs)
- K18 how information obtained from individuals should be recorded and stored
- K19 how to obtain full and accurate information about individuals
- K20 how to treat individuals fairly
- K21 the effects of culture, religious beliefs, age and disabilities on individual communication styles

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### **Additional Information**

**External links** 

This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB6 Assessment and treatment

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