

SFHRenRM8

Help the patient to understand and self-manage renal anaemia



Overview

This standard is about managing a patient's haemoglobin levels within acceptable limits. It brings together interventions by practitioners and the development of the patient as an expert in their own condition and its management.

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 choose an approach that promotes a learning partnership between you and the patient
- P2 explain how the body normally controls haemoglobin (e.g. secretion of erythropoietin, metabolism of vitamins B12 and C, folic acid and iron through dietary intake)
- P3 describe what conditions can cause anaemia (e.g. chronic disease, renal disease, malabsorption, malnutrition and blood loss from various causes)
- P4 enable the patient to understand why they have developed renal anaemia
- P5 give the patient information to help them recognise the main signs and symptoms of anaemia (e.g. tiredness/exhaustion, breathlessness, pallor, rapid pulse)
- P6 inform the patient about how anaemia is confirmed, diagnosed and monitored (e.g. full blood picture, B12 and folate levels, ferritins, serum iron and total iron binding capacity)
- P7 explain the various options for treating renal anaemia (e.g. Erythropoietin, iron replacement, blood transfusion), their implications (e.g. regular blood tests and BP monitoring for EPO patients) and their side effects (e.g. constipation, diarrhoea; headache and raised blood pressure with erythropoietin)
- P8 explain the importance of interactions with other drugs and food substances (e.g. antacids and iron supplements) and of avoiding these
- P9 negotiate with the patient the best option for treatment of their renal anaemia and agree the role they will play in managing this (e.g. tablets, injection, dosage regiment that fits the patient's life)
- P10 provide supporting information that the patient may need (e.g. leaflets and website addresses, how they will obtain repeat medication)
- P11 agree the degree to which the patient will monitor their own condition and self-refer, or will be monitored in primary care or within the multidisciplinary team (e.g. what they will do if they have any ongoing concerns, or if they experience serious side effects)
- P12 set up pathways and protocols for the patient and the team to support the treatment plan and communicate plans to other partners in the process
- P13 carry out training in administering medication and make access to support available as required
- P14 agree a regular programme of review of the treatment process in partnership with the patient, carer and other members of the multidisciplinary team
- P15 record the decisions and agreements and make the records available to other members of the multidisciplinary team

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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 how the body controls haemoglobin in health (eg secretion of erythropoietin, metabolism of vitamins B12 and C, folic acid and iron through dietary intake)
- K4 nature and consequences of renal failure
- K5 treatment of renal disease, failure and associated conditions
- K6 what anaemia is (levels specified by Renal Association Standards and Audit Subcommittee)
- K7 signs and symptoms of anaemia (e.g. tiredness/exhaustion, breathlessness, pallor)
- K8 conditions that can cause anaemia (e.g. chronic disease, renal disease, malabsorption, malnutrition blood loss from various causes)
- K9 how anaemia develops in the renal patient
- K10 techniques of confirmation measurement and monitoring (e.g. full blood picture, ferritin, B12 and folate levels, serum iron and TIBC)
- K11 treatments for correcting renal anaemia (eg Erythropoietin, iron replacement, blood transfusion with reference to NICE guidelines) their side effects (e.g. constipation, diarrhoea; headache and raised blood pressure with erythropoietin and contra-indications)
- K12 the relationship between diet and renal anaemia and its treatment
- K13 how co-morbid conditions impact on each other
- K14 how the treatment of anaemia impacts on other co-morbid conditions
- K15 the taking of blood samples, putting the sample in the correct receptacle
- K16 how to label the sample correctly
- K17 how to give erythropoietin by intravenous and subcutaneous routes
- K18 accurate reading and understanding of the meaning of results of investigations
- K19 sources of information to support the patient
- K20 pathways and protocols for managing the condition
- K21 how to ask open-ended questions, listen carefully and summarise back
- K22 methods of communicating sensitive information to individuals
- K23 how to provide individuals with opportunities to ask questions and increase their
- K24 how to adapt communications styles in ways which are appropriate to different people (e.g. culture, language, or special needs)
- K25 the type of reassurance and support which different patients may need and why
- K26 how to give feedback to the patient on the progress of their anaemia
- K27 ways of encouraging people to take charge of their own health
- K28 ways of imparting technical information in manageable amounts

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- K29 setting goals with measurable outcomes
- K30 how information obtained from individuals should be recorded and stored
- K31 how to obtain full and accurate information about individuals
- K32 how to treat individuals fairly
- K33 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 planning

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