

SFHRenRR3

Agree plans for the patient's renal replacement therapy



Overview

This standard is about agreeing and recording a care plan with the patient that takes account of their leisure and lifestyle activities as well as the plan of management of their established renal condition.

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 agree a care plan
- P2 explore non-judgmentally with the patient about other lifestyle measures they could begin or continue to take to contribute to their health
- P3 encourage the patient to continue with leisure and lifestyle activities that will optimise their health and wellbeing
- P4 help the patient to consider activities they may wish to undertake before they commence renal replacement therapy (e.g. holidays or other activities where RRT support is not available)
- P5 make arrangements for appropriate members of the multidisciplinary team to undertake the next stages in providing care for the individual and, where needed, preparing for RRT (e.g. venous access, discussing kidney donation, psychological support)
- P6 where the patient would value talking to other patients, arrange the introduction (e.g. via patients' association)
- P7 document what has been agreed in a form that can be followed by other members of the multidisciplinary team, the patient and the carer

Knowledge and understanding

You need to know and understand:

- K1 procedures for checking and documenting consent to a choice of therapy
- K2 renal disease, its symptoms and progression
- K3 methods of treatment and management before, after and without renal replacement therapy
- K4 evidence on patients' ability to make decisions in different states of health (e.g. depression)
- K5 predicting when renal replacement therapy will be needed
- K6 ways of presenting evidence to non-expert patients and carers (e.g. about types of therapy, location of dialysis)
- K7 ways of weighing up evidence and patients' preferences
- K8 methods for evaluating the suitability of a patient for different therapies (e.g. clinical, psychological and social suitability)
- K9 how to ensure that the choice is the patient's within necessary constraints (e.g. of medical history, current condition, co-morbidities)
- K10 availability of treatment facilities in the local area
- K11 means of accessing local facilities
- K12 how information obtained from individuals should be recorded and stored
- K13 how to obtain full and accurate information about individuals
- K14 procedures and criteria for prioritising limited facilities
- K15 how to ask open-ended questions, listen carefully and summarise back
- K16 methods of communicating sensitive information to individuals
- K17 the importance of providing individuals with opportunities to ask questions and increase their understanding
- K18 how to adapt communication styles in ways which are appropriate to different people (e.g. culture, language, or special needs)
- K19 the importance of identifying how the individual wishes to be addressed and communicated with, and how to do so
- K20 how to highlight the individual's abilities in a positive way
- K21 the importance of treating individuals fairly, and how to do so
- K22 the effects of culture, religious beliefs, age and disability on individual communication styles
- K23 the different features services must have to meet people's gender, culture, language or other needs

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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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