HEARING AND VISION IMPAIRED PATIENTS – COMMUNICATION AND HAEMODIALYSIS TREATMENT

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INTRODUCTION

Communication is of paramount importance for the quality of haemodialysis treatment. The interaction between the patient and the personnel is integral to the management of haemodialysis to ensure the best long-term outcomes. It is essential to discuss the patient's current condition with him/her as well as problems before starting the treatment. At the same time the patient should be continuously educated, for example on dietary and hygiene policy, and have subjective feelings on his/her illness and his treatment monitored.

Hearing and vision-impaired patients are locked in silence and darkness, capable of perceiving the environment only through differences in temperature, vibrations, smell and touch.

OBJECTIVE

Based on our experience, to present the complexity and especially the specifics of communication with deaf and blind patients enrolled in a regular dialysis program.

CASE REPORT

Female patient MB, year of birth 1966. Combined transplantation of pancreas + kidneys in 1997.

At present, gradual deterioration of the renal function of the graft resulted in a return to the dialysis program; the pancreatic functions are normal.

- Chronic renal insufficiency, grade 5, based on diabetic nephropathy
- Retinopathy in the stage of near blindness
- Deafness of post-medication aetiology
- Diabetic foot, history of amputation of the right foot at the shin in 2004
- 03/2018 due to hypoglycaemia, an accident resulted in a subdural haematoma, transient dysarthria, treated with conservative antioedema therapy with good effect, hospitalized for 2 days, after that she went home on AMA (against medical advice) discharge.
- 04/2018 headache, nausea, vomiting, disturbance of consciousness – CT head: progression of a subdural collection with fresh bleeding, transfer to the neurosurgery department where she was operated on
- 05/2018 during haemodialysis, once again the condition deteriorated and dysarthria worsened, she had an emergency neurological examination and CT of the head – again she was transferred to the department of neurosurgery for an invasive procedure.

When the patient visited the outpatient nephrology clinic, she was always accompanied by an assistant; she lives alone in an apartment complex. In her home environment she is completely self-sufficient, she has pets, cooks and bakes. The patient **does not** read Braille.

Due to the frequent complications of the health condition arising in the home environment, a possibility of accommodation in facilities with permanent care was discussed with the patient. She has refused this option for now, as she is used to her familiar environment and her pets.

METHOD

Remote communication is facilitated by a special telephone service for the hearing-impaired. We can leave a message for the patient at this number. The message is converted into fax format and sent to a specifically adapted PC of the patient, where it is shown on her monitor using a large font that the patient is capable of reading.

Direct communication is possible by writing capital letters with the finger onto the patient's palm, she is quite capable of understanding such text and responds clearly. However, in some cases, it is necessary to write the text repeatedly and in the simplest form of the message. In the case of hypoglycaemia or during an acute subdural haematoma event, with transient dysarthria, the communication was totally impossible.

Personality prerequisites: Medical personnel, when communicating with hearing and vision-impaired patients, should be tolerant and patient. Flexibility, creativity and interest in an individual should be the desired personality traits.

Specifics: For obvious reasons, the patient prefers a familiar environment and staff. When transferring the patient to the care of another department, it is necessary to explain the reasons (for example for hospitalization) in detail and to inform her of the follow-up procedures. It is very important to familiarize the personnel of the other department with the methods of communication, including a demonstration.

CONCLUSION

Although the patient can communicate very well using these methods, it takes much more time compared to other patients to communicate before and during haemodialysis as well as during the regular ward rounds.

The difficulty with communication varies depending on the patient's mental and physical condition. It is necessary to take into consideration the time requirements in order to be able to obtain all commonly required information from the hearing and vision-impaired individual before initiating the haemodialysis, during the course of the treatment and during regular rounds.

Despite the time requirements, communication with the patient has been quite satisfactory.