

Nursing analysis of the evolution of Home haemodialysis with different care approach and technology.

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- Back in 1984 our Public University Hospital opened the Nephrology Department, from the beginning home haemodialysis (HHD) was one of the treatment options, and since then we have had three HHD programs as follow:



Programme one: 1986-1994.

Monitor: Hospal Monitral BSM 200

- Needling technique: area/rope ladder performed by a caregiver (relative) in all but one (private nurse).
- N^o of patients: 12.
- Patients gender: 10 males: (caregiver: 7wifes 3mother), 2 females (caregiver: 1mother 1daughter).

Reason of program one closure:

- Some patients were transplanted.
- DPCA availability.
- **Identification by the team of important tension induced in the couples by the treatment.**
- The technique **was gender related**. The relative was always a female (spouse/mother/daughter).
- We were not able to find a husband ready to dialyse his wife, or relative!!!.

Programme two: 2008-2010.

Monitor: Aurora Baxter DialysisSystemÒ



- Needling technique: Self needling using buttonhole technique in all patients but one with Central Venous Catheter.
- N° of patients: 10
- Patients gender: 8 males, 2 females. No caregiver specific training, only suggestion not to be alone during the treatment.



ipso

Programme two: 2008-2010.

Different Nursing care/training approach

- Due to the self care approach no family problems identified.
- Both the HHD team and patients/family were extremely satisfied.
- Reason of program closure:
 - Patient transplantation and new Department management.



Programme three: 2016- still open and growing. Monitor: Nx Stage System OneÒ



- Needling technique: Self needling: buttonhole technique in all but one with Central Venous Catheter.
- N° of patients: 16.
- No caregiver training at all, suggestion not to be alone during treatment.
- Patients gender: 9 males 7 females.



Conclusion

- In our opinion and based on our experience and literature findings:
 - *the appropriate machine, (HHD purpose designed) and specially self care, including self needling are fundamental for a successful HHD programme. As it avoids HHD related family problems, and enhances patient rehabilitation and become attractive and feasible for both males and females.*