

Individualized teaching to the dialysis patient

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Introduction

Individualized patient training (PT) contributes for a continuous self-empowerment. Performed in a timely manner helps to diagnose any particular deviations from treatment objectives and performance indicators, contributing to continuous improvement of the patients' quality of life.

Objectives

- To verify if the PT influences effectiveness of HD treatment outcomes.
- Increase the level of knowledge of the patient in relation to his/her illness and treatment.

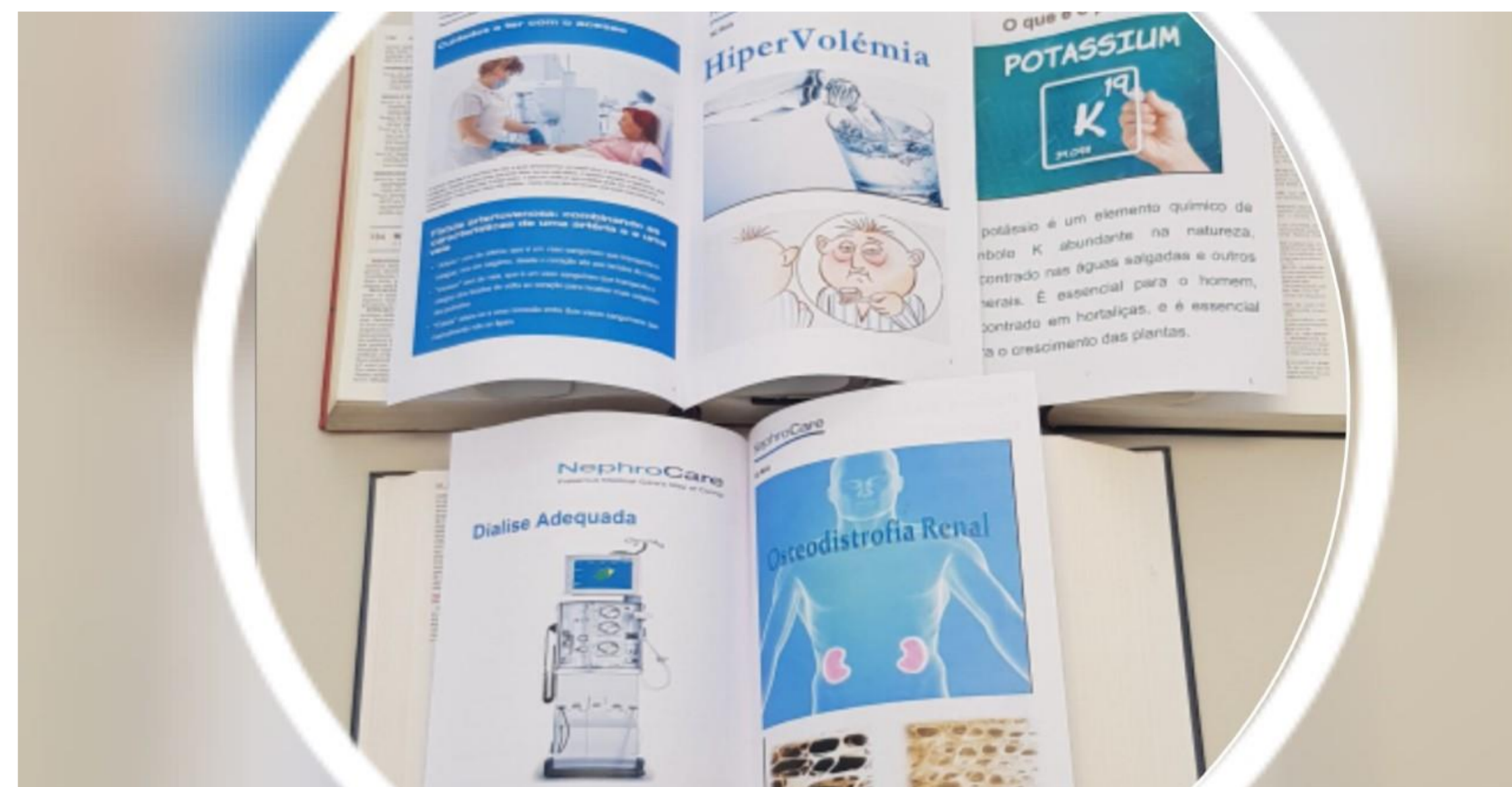
Methods

A sample of 154 patients was followed up from August/2018 to November/2018. Four informative guides, with "default" images, were developed to reinforce the advantages of following clinical guidelines, preventing complications and promoting quality of life among patients.

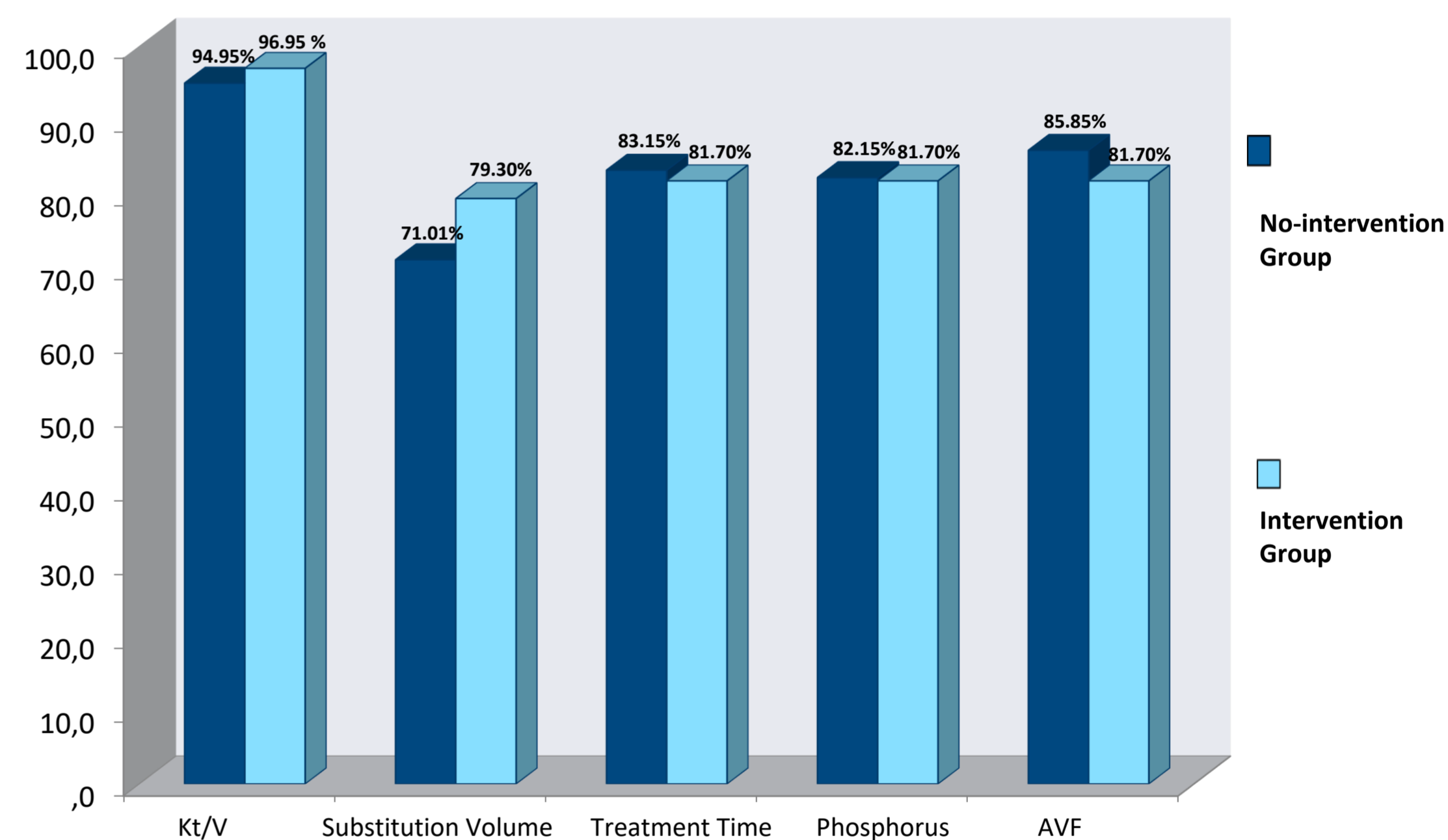
These guides address the following variables and targets:

- **Dialysis Adequacy (DA):** Kt/V (>1,4), Substitution Volume (SV) (≥ 21 L) and Treatment Time (TT) (≥ 240 min);
- **Hydration status** – Relative Overhydration ($\leq 15\%$ (men) | $\leq 13\%$ (women));
- **Renal osteodystrophy** (food and medication care) – phosphorus (≥ 2.5 and < 5 g/dL)
- **Vascular Access (VA)** (care and advantages of arteriovenous fistula) $> 83.5\%$ of FAV/EAV

Monthly based PT sessions were planned according to consulting reports from a central database. Sessions were performed by the respective Responsible Nurse.



Information Guides



Average Values of Efficacy Indicators

Results

August and September 2018, 20 training sessions were held to no-intervention group, with a total duration of 5 hours. After analysing the mean values of the efficacy indicators, the following results were obtained: Kt/V 94.95%; SV 71.01%; TT 83.15%; Normohydration 74.20%; Phosphorus 82.15% and 85.85% with AVF.

October and November 2018, 55 PT sessions were carried out to intervention group with a total duration of 23 hours divided as follow: 13h25min for DA; 4h35min for Renal osteodystrophy and 5h Vascular Access. The results were: Kt/V 96.95%; SV 79.3%; TT 81.7% and 81.7% with normal serum phosphorus and 81.7% with AVF. The analysis of the implementation of this tool has demonstrated that the PT has contributed to improve the indicators of the dialysis treatment; Kt/V, SV, normohydration and vascular access.

Conclusion

Individualized patient training positively contributed to improve dialysis adequacy outcomes. In this context, individualized patient training enabled patients to be involved in their treatment, respecting their learning rhythms, in a development process. For attesting the efficacy of this training program, further studies with increased time length are required.

References

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