

# Education and Decision Support for Unplanned Start Patient

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## INTRODUCTION

Current evidence suggests the importance of early educational intervention for patients with chronic kidney disease (CKD) who are anticipated to require renal replacement therapy (RRT). The early education of patients with CKD offers significant benefits, including time to dialysis, disease progression and quality of life. There is still a significant number of patients start dialysis in an unplanned manner. Education and decision aids could help unplanned start patient to involve decision making process. Patients with advanced chronic kidney disease (CKD) face many choices regarding future dialysis modalities. Decision-making is difficult for patients.

## METHOD

The aim of the study was to develop a structured educational programme and **decision tree** and evaluate the effectiveness of this application in unplanned dialysis start patients

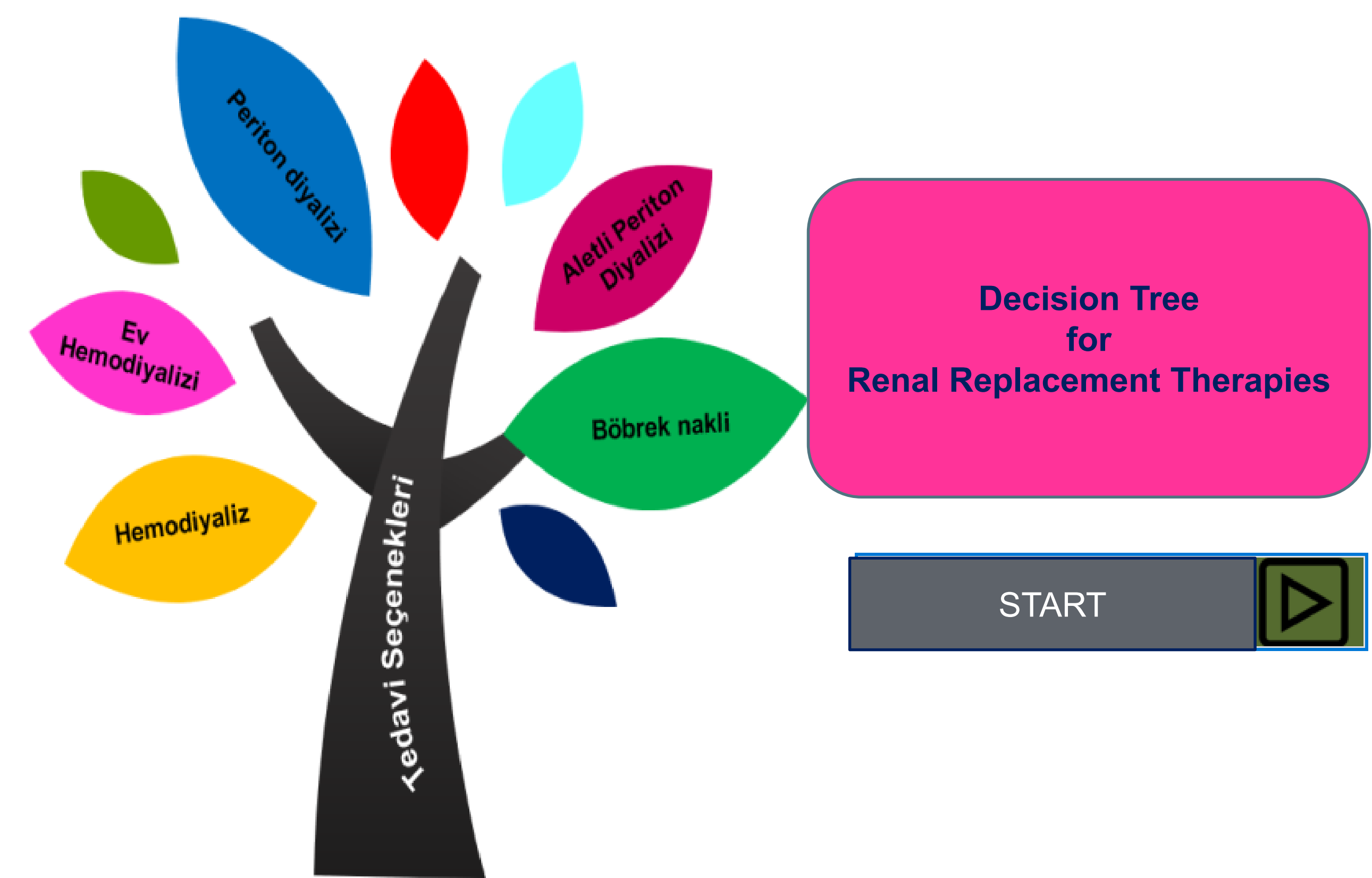
To develop the decision tree, needs analysis was conducted in two phases.

1. Phase; Focus group discussion with the patients (n=14) and 2. Phase; Survey with the health care professionals (n=104). Decision Tree was developed in line with the focus group and survey data analysis. the values that may effect decision process were determined and divided into three categories: lifestyle, health and family.

A computer-based simulation was developed and the content was transferred to this application.

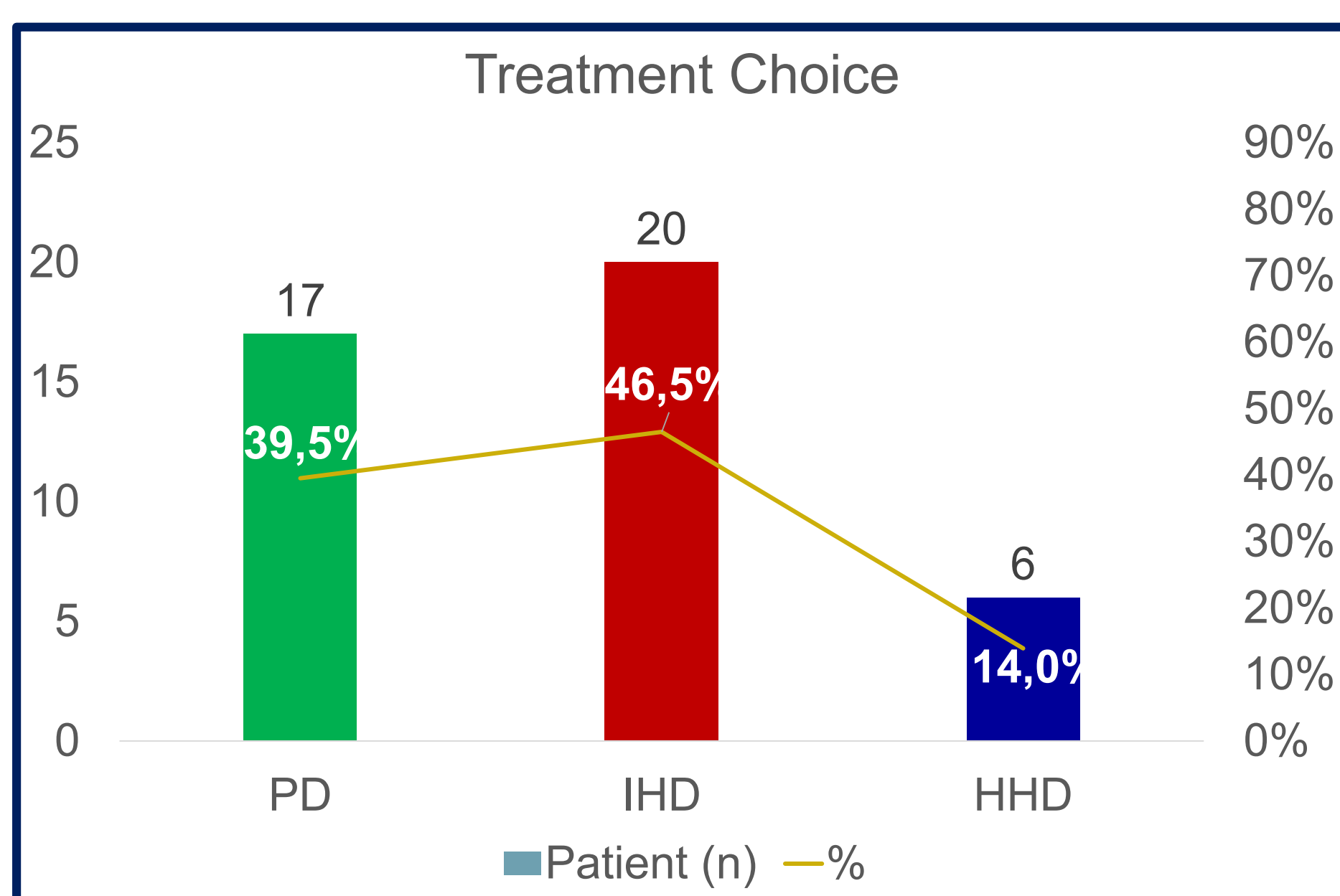
43 patient participate to decision tree simulation, results were examined under the categories of lifestyle, health and family

Training was provided in 2 interviews. Decision Tree application was carried out in the additional 3rd interview with the patients.

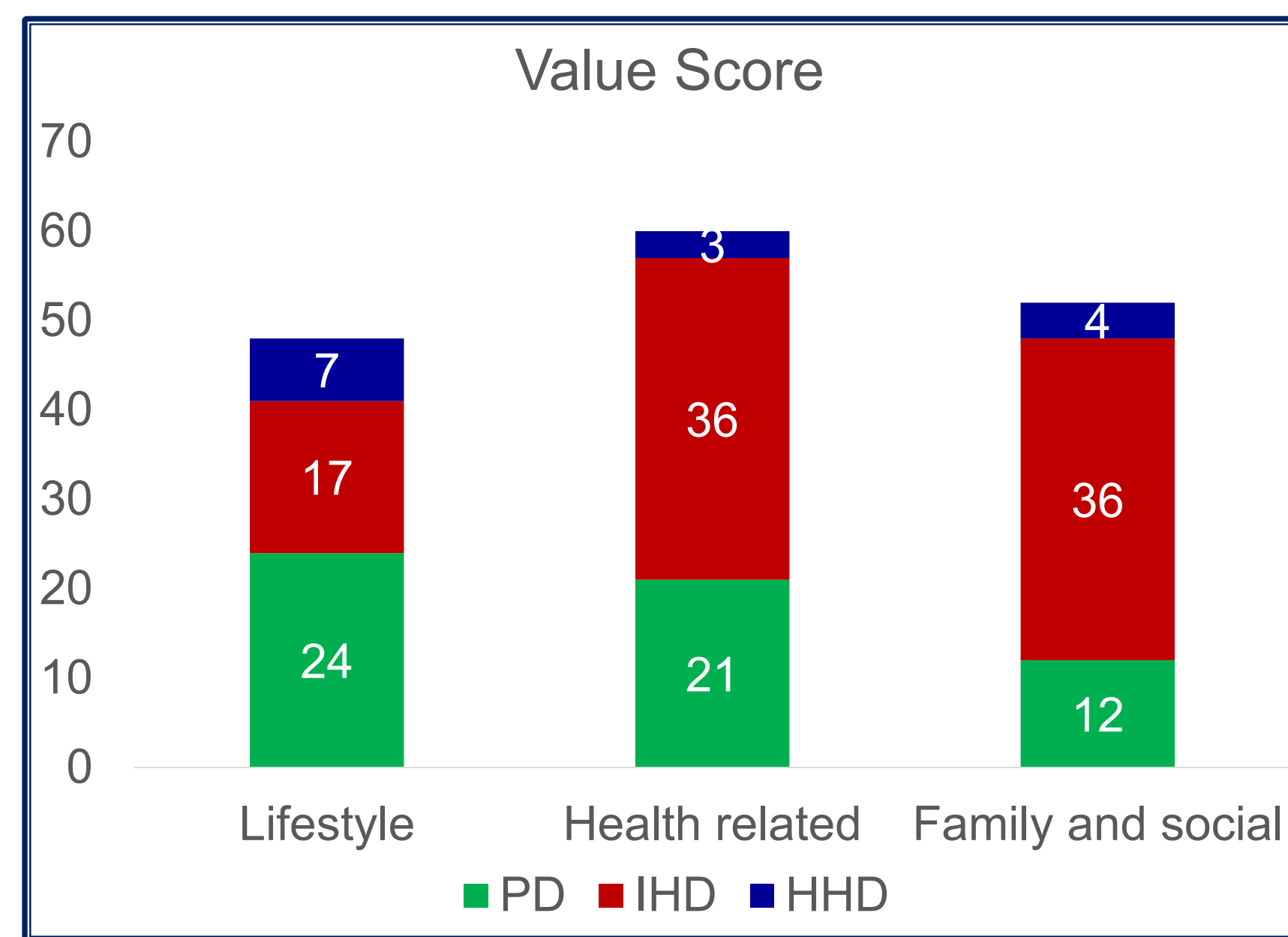


## RESULTS

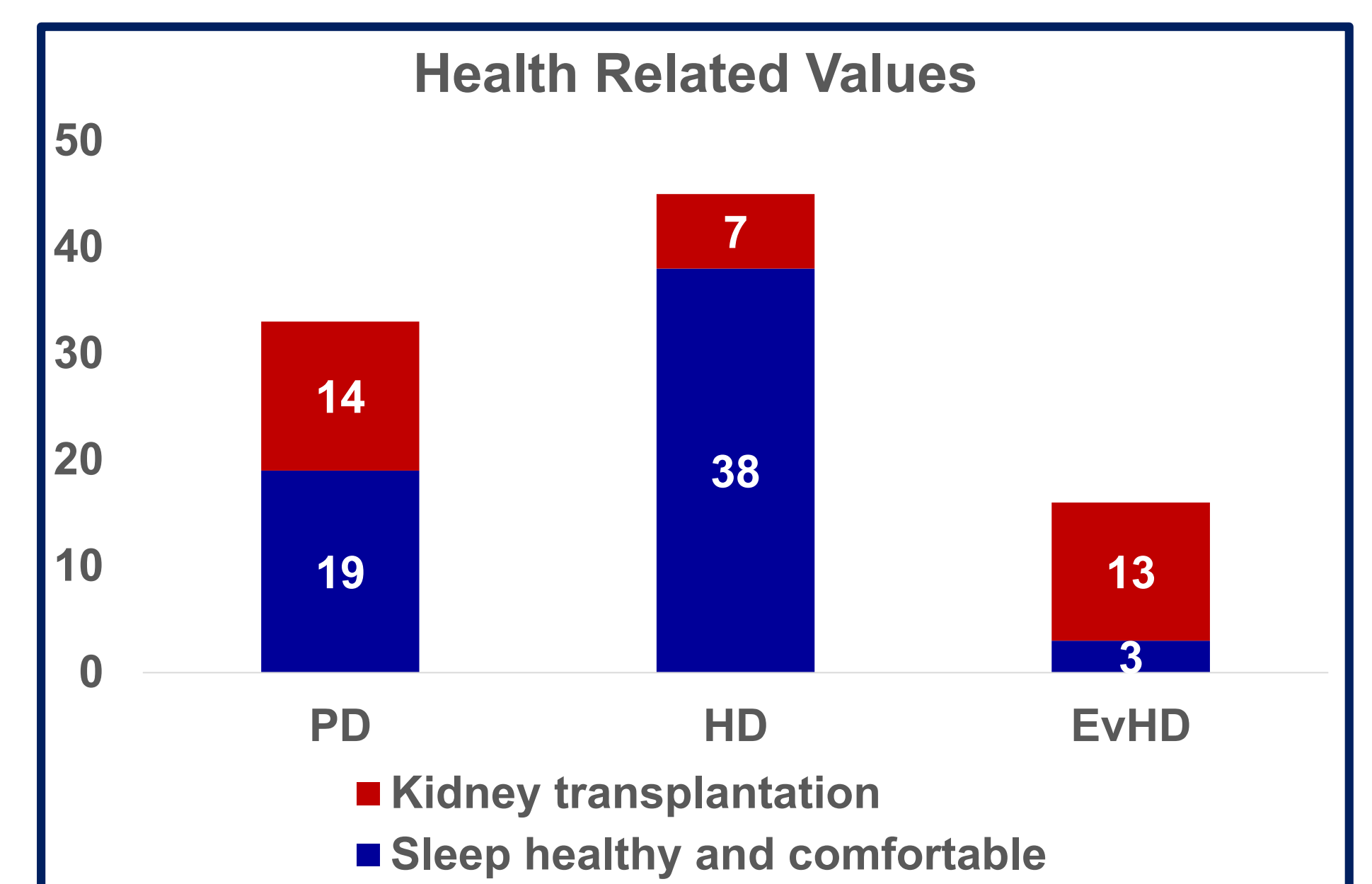
1. 53.5% of the patients choose home therapies (39.5% PD, 14% HHD) and 46.5% of patients choose IHD treatment



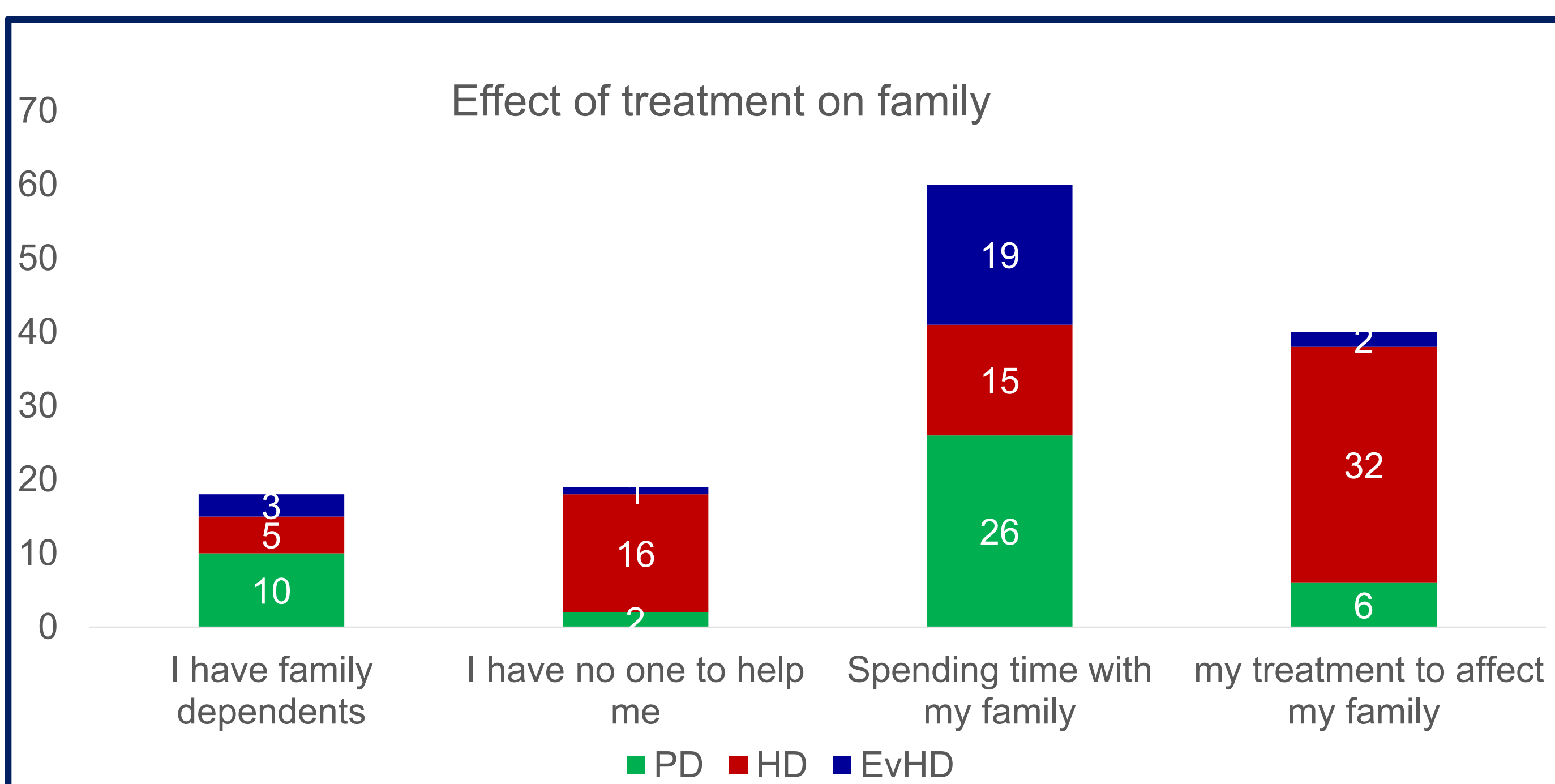
2. While lifestyle related issues gained importance in PD treatment patients),(24 Patients who chose HD treatment considered subjects more important about health and family members (36 patients)



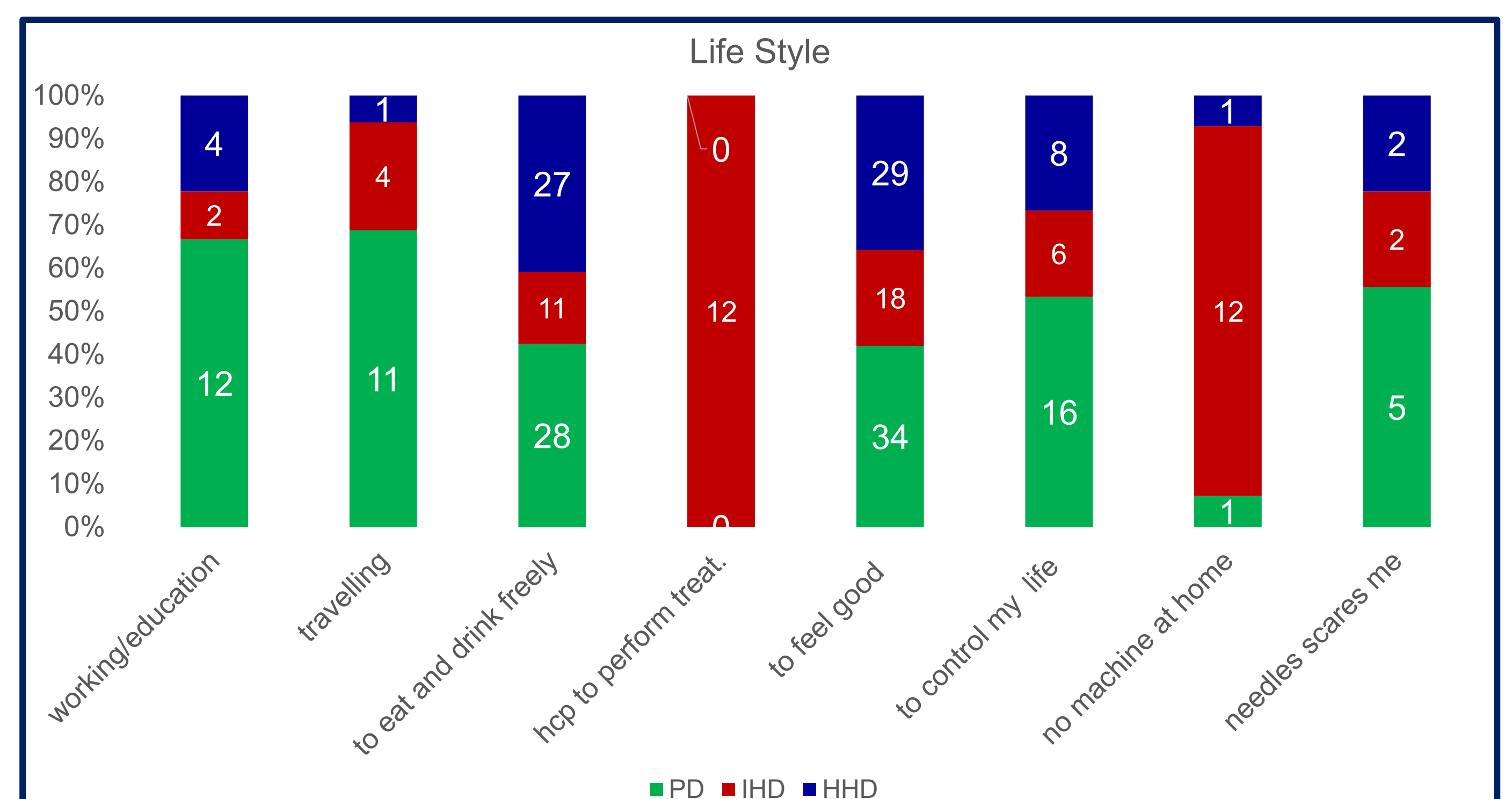
3. While HD patients emphasize the importance of healthy and comfortable sleep, PD and Home HD patients emphasized the priority of kidney transplantation.



4. Patients who chose HD stated that home treatment would affect family members, and they would have difficulty in maintaining treatment because there was no one at who could help them. The patients who preferred PD stated that they could spend more time with their family members and that they could continue working during their treatment.



5. It is important that the treatment does not affect the patient physically and psychologically.



## CONCLUSION

The results of our study indicate that to provide training to patients who urgently start dialysis treatment and support them in the choice of treatment may improve patient outcomes. The study has important implications for practice. Education and decision support can allow unplanned start patients to understand their options and choose dialysis modality, A solid knowledge of the decisional needs of patients with unplanned start patient and how they could impinge on the choice of dialysis modalities would allow nurses to provide decision support tailored to patients' needs and promotes their participation in decision-making. Additional work is required to understand and improve patient pathways to ensure that modality preference is enacted.