

Impact of a Reference Nurse Programme on self-care behaviours in patients with vascular access

Soraia Dinis¹, Ana Martins¹, Rui Camisa¹, Alexandra Seabra², João Fazendeiro Matos³, Maria Teresa Parisotto⁴

¹Fresenius Medical Care, NephroCare Coimbra, Coimbra, Portugal; ²Fresenius Medical Care, NephroCare Portugal, Portugal; ³Fresenius Medical Care, NephroCare Portugal, Porto, Portugal; ⁴Fresenius Medical Care, Care Value Management, Bad Homburg, Germany

Introduction

Dialysis patients and health professionals recognize that the vascular access is the lifeline of the patient.

15 to 20% of dialysis patients hospitalizations are related to problems with vascular access, which increases morbidity, mortality and costs.

Guidelines recommend patients' education programmes as a strategy to give them the skills to take care of their vascular access.

Objective

To assess the impact of the Reference Nurse Program (RNP) on the patients' self-care behaviour regarding arteriovenous fistula in haemodialysis.

Methods

- Quantitative, retrospective and descriptive study.
- 64 patients participated.
- Scale of assessment of self-care behaviours regarding arteriovenous fistula (ASBHD-AVF) in haemodialysis, **before** and **one year after** implementing the RNP.
- ASBHD-AVF is a scale composed by 2 subscales, evaluating 2 dimensions:
 - Management of signs and symptoms: items 1, 3, 6, 11,13 and 16;
 - Prevention of complications: items 2, 4, 5, 7, 8, 9, 10, 12, 14 and 15.

	Never	Rarely	Sometimes	Oftentimes	Always
1 – I notice the nurse when I have cramps during hemodialysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 – I do compression of stings sites with the fingers (hemostasis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 – I notice the nurse when I get a headache and chest during hemodialysis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 – I put ointment when hematoma (bruising/bruising) occurs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 – I feel the thrill (noise/jitter) at the site of the fistula twice a day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 – I do compression in the site of the fistula stings with the fingers at home if bleeding.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 – I check every day if the hand of the fistula arm cools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 – Observe signs of redness and swelling at the stings sites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 – I protect the fistula arm from scratches, cuts and wounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 – I check every day if the color of the hand from the fistula arm changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 – I protect the fistula arm from bumps and shocks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 – I allow blood sampling in the fistula arm*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 – I notice the nurse if the hand of the fistula arm start to hurt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 – I avoid getting into places with different temperatures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 – I'm going immediately to hospital clinical/case the fistula site has not thrill (noise/jitter)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 – I notice nurses if the hand of the fistula arm appear with wounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Table 1: ASBHD-AVF (Scale of Assessment of Self-Care Behaviours with Arteriovenous Fistula in Haemodialysis)

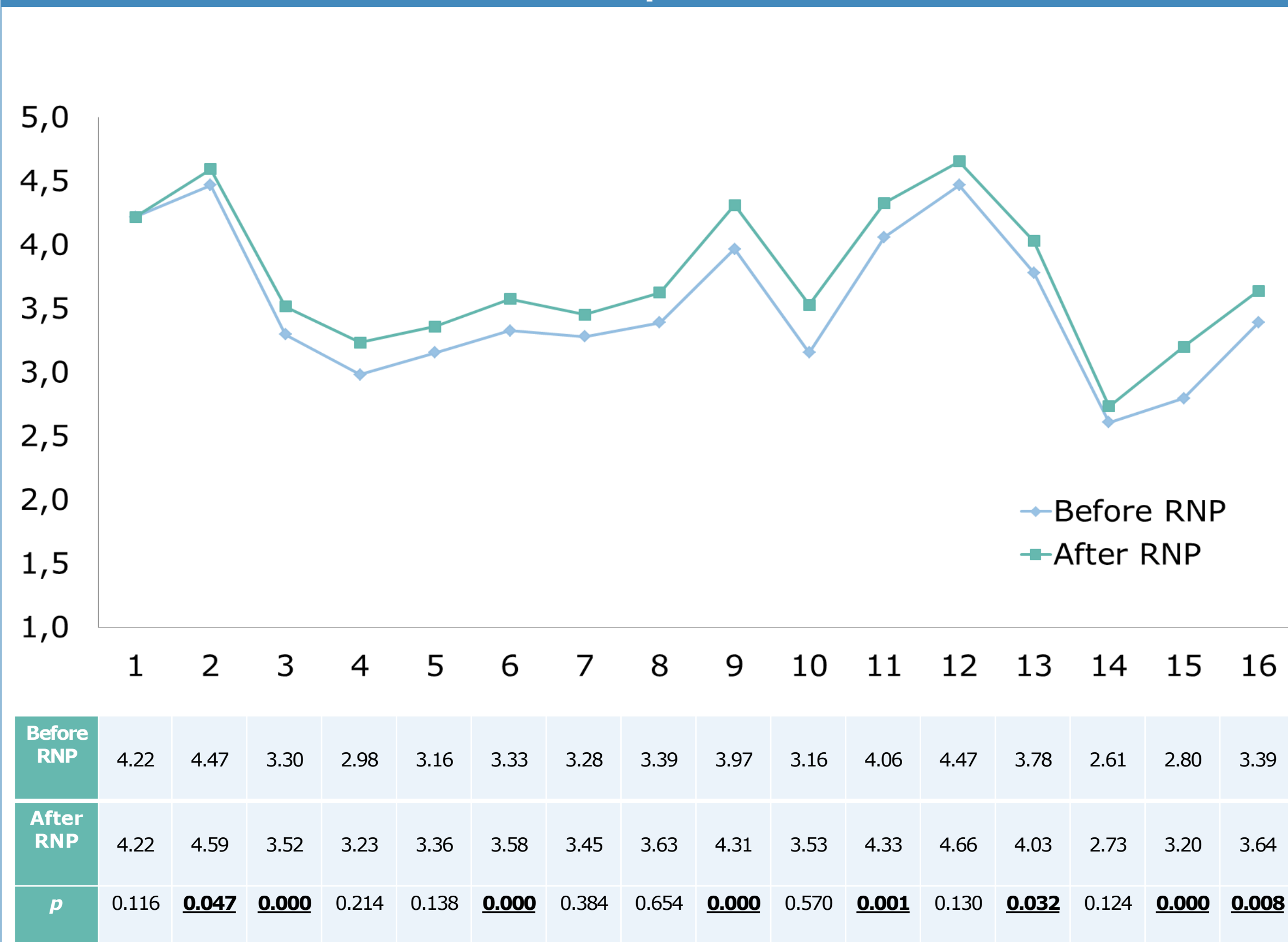
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Results

N= 64 patients	
Gender (M/F)	64.1/35.9
Age (average)	67.97
Time on dialysis (months)	76.38

Table 2: Characteristics of the sample



Total score (average)	
Before RNP	56.4
After RNP	60

Figure 1: Average of scores obtained on ASBHD-AVF, before and after the RNP.

Conclusion

Based on the results, we conclude that the RNP had a very positive impact on self-care behaviours regarding arteriovenous fistula, especially in the subscale concerning the management of signs and symptoms, where remarkable results were obtained in items 3, 6, 11, 13 and 16. These results are sensitive to nursing care.

In the subscale concerning the prevention of complications, the improvement was not so evident.

With the RNP, the major needs of the patient can be identified, adequate educational strategies developed, and self-care for arteriovenous fistula promoted.

With this work we realize that our focus, in the future, should be the prevention of complications, allowing us to provide the best care based on evidence.