

DIALYSIS PATIENTS AND HOME CARE

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INTRODUCTION

A dialysis patient suffers from number of complications related to the dialysis treatment as well as numerous underlying diseases. Due to physical demands and time-consuming dialysis treatment the patients often have no time or energy to deal with their complications outside the dialysis center.

The goal of home care is to ensure continuity of care for patients whose disease requires repeated visits of home care agencies in the place of permanent residence.

OBJECTIVES

To clarify the aspects of home care, provide this type of care to the dialyzed patient based on our own long experience in this area.

THEORY

Home care is a professional medical care provided at the patient's own home based on the recommendation of a registered general practitioner or attending physician during hospitalization. It is focused on maintaining and promoting health, developing self-sufficiency, alleviating suffering. Its aim is to ensure maximum comfort, accessibility and quality of provided health care at the patient's own home.

Conditions of providing home care for the patient:

- Requires the consent of the patient
- Requires consultation with a GP – issuing a voucher for home care; without a voucher home care cannot be provided
- Indication of the extent of required activities
- Determination of frequency and duration of visits – time codes for provision of home care in the range of 15, 30, 45 and 60 min
- Ensuring availability of medical supplies – bandages, administration of infusions and injections

Assistance in problem solution:

- Assistance in the provision of social services – carer, contributions to the provision of care

RESULTS

- on cooperation with our home care agency and in the period from June till December 2015, in our centre we indicated home care services in 4 patients
1. A female patient with anxiety disorder, emotional instability – indicated the longterm preparation and administration of psychiatric drugs in the evening hours
 2. A male patient with recurrent thrombosis of AVF – indicated for the application of LMH on the days off dialysis
 3. A male patient with acute graft versus host disease – infusion and IV antibiotics administration, monitoring of physiological functions, changing of the surgical wound dressing, health check-ups
 4. A female patient treated with PD – recurrent peritonitis

CASE REPORT NO. 1

- a female patient with kidney transplant, numerous post-surgical complications with acute graft versus host disease, which occurred during the hospitalization
- 7/2013 kidney transplant, IKEM
- complicated course, delayed development of the graft function
- acute graft versus host disease during hospitalization

Following a consultation with the GP, the patient was included in the home care program with frequency of visits once daily, 7 times a week – health checkups, BP, pulse, administration of antibiotics in infusion, if needed sampling of biological material. Every visit lasted for 60 minutes, the home care lasted for in total of 14 days, then the voucher 06 expired.

CASE REPORT NO. 2

- a female patient born in 1947
- followed up by a psychiatrist, frequently confused, alcoholism and abuse of nicotine in the anamnesis
- not able to prepare the medication by herself, preparation of the medication and supervision necessary
- one visit per day, 7 times a week – the home care lied in common solutions to problems related to dialysis treatment – recurrent infections around the site of permanent vascular access, administration of antibiotics, frequent falls at home

CASE REPORT NO. 3

- a male patient born in 1947
- AVF with frequent complications during puncture and recurrent thrombosis of AVF
- need for low-molecular weight heparin SC daily administration in between the HD therapies

CASE REPORT NO. 4

- a female patient on PD, recurrent peritonitis – started on home care for ATB administration into the PD poach

CONCLUSION

In practice, we proven successful the direct cooperation with the home care agency. We enabled patients to stay at home, where they home care agency provided qualified health care required by their condition, which we were not able to fully deliver in the dialysis center during the dialysis treatment 3 times a week. In all our dialysis patients the home care was successfully completed and went well without complications.