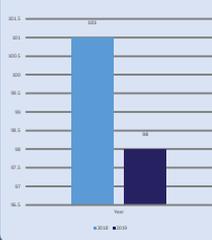


## Evaluation of a peritoneal dialysis assessment tool: One unit's experience

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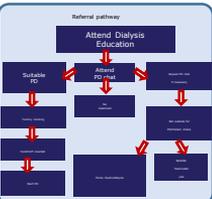
Number of PD chats



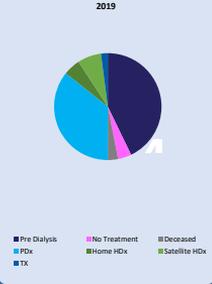
Age Demographics 2019



eGFR at time of PD chat 2019



PD Assessment outcome 2019



### Introduction

- A Peritoneal Dialysis Unit (PDU) delivering peritoneal dialysis (PD) services throughout South Eastern metropolitan region and extending into Gippsland across three locations.
- In 2019 155 patients in total were treated in the PD Unit.
- All pre dialysis patients are invited to attend a two day education session where current renal replacement options are discussed.
- Following on from the two day education sessions anyone who expresses an interest in PD as a preferred therapy is then invited to come into the PDU for further education.
- The selection criteria for commencing onto the PD program has shown to be effective in highlighting medical and social concerns prior to the patient commencing onto the program.

### PD Assessment

- The PDU initiated a checklist, as a tool to assist with potential patients and their families.
- All potential patients are invited to attend the PD unit for a one on one assessment with a PD nurse who spends approximately one hour with each client to assess his/her suitability for PD.
- The assessment tool discusses any medical barriers that may prevent a successful candidate.
- This includes previous abdominal surgeries, diverticulitis, or manual dexterity issues preventing independent connections. The tool also covers living arrangements, family and social support, cognitive concerns, transport needs, mobility and vision issues.
- In the process of performing the assessment the PD nurse assesses the patient's self-care ability which includes medication management and compliance to attending regular medical appointments.
- In this assessment phase any cause for concern is identified and can be discussed with the MDT and the option for further evaluation if required and additional screening can be organised.

### Conclusion

- The purpose of the review is to investigate the current practice of the individualised chat in isolating potential problems prior to commencing a home therapy program.
- While the PD assessments are timely and nursing time dependent, the assessment tool has shown the efficacy of performing this pre dialysis discussion in identifying any problems early.
- The benefit to the patients and the healthcare provider may be invaluable.
- The implementation of the PD pathway has allowed for streamlining education and care, including the involvement of the MDT if required.
- The assessment tool has highlighted value to the patient to avoid unnecessary placement onto the PDx program if any concerns/barriers are identified early.

### Cognitive

- Neuropsychological syndrome in CKD patients of cognitive slowing and attention deficits (Hermann & Kribben 2014) have been reported.
- If family are in attendance, have they noticed any decline in memory function?
- Can they use a mobile phone, which is necessary for current practice of online stock ordering from home care team
- Would patient benefit from further cognitive assessment?

### Communication

- Is the patient English speaking or was an interpreter used?
- Currently our unit offers language other than English spoken from home team nurses that are fluent in Malay, Cantonese, and Mandarin. This can eliminate the use for interpreters for these patients needs.
- Are there any hearing deficits, which may impair ability for patient to communicate over the phone?

### Physical

- Manual dexterity is assessed with the use of the dummy tummy and PD connections.
- The patient is assessed to use the Tenckhoff catheter connections and clamps and noted if cannot make connections. If unable to make connections can adaptive clamps be used?
- Mobility noted if walking into facility, if uses any walking aids. If so, how will this affect a home based therapy?
- Any other concerns regarding physical ability?

### Social

- Transport**
  - Can the patient drive themselves?
  - What is their ability to attend routine appointments independently?
  - If not what family supports are available or do they have access to public transport or have a concessional taxi card?
- Housing**
  - Describe housing situation such as permanent home or renting?
  - Who does the patient live with?
  - Are there any pets in the home and if so discuss to start removing from the area where the PD will take place.
  - Do they live in a single storey place?
  - Can deliveries be made to the home?
  - Is the home safe area environment for home visits to take place?

### Psychosocial

- Discuss chronic illness and flag any referrals to the MDT if required.
- Any support person?
- Flag any concerns regarding a tenckhoff insertion? Any body image concerns?

### Travel

- Do they like travelling overseas or go on cruises?
- Do they have a caravan and plan trips around Australia?
- Do they have holiday homes and will require stock delivered to other areas?

### Pre assessment knowledge

- Attended education days, patient preference, short video, picture booklet, dummy tummy and connections
- Has patient been reviewed in renal failure clinic or do they have a private nephrologist?
- Has patient read 'living with kidney failure' booklet, direct patient to look at Kidney Health Australia website.

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Hermann, D & Kribben, A 2014, 'Cognitive impairment in chronic kidney disease: clinical findings, risk factors and consequences for patient care', *Journal of neural transmission*, vol 121, no. 6 pp.627-632.

Narva, A, Norton, J & Boulware, E 2016, 'Educating Patients about CKD: The path to self management and patient centred care', *Clinical Journal of the American Society of Nephrology*, vol 11, no. 4 pp.694-703.