What is Renal Disease?

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Renal Disease is defined as a progressive loss of kidney function. Potential causes of renal disease include diabetes mellitus and hypertension.

Symptoms

Symptoms vary depending on the cause:

- nausea and vomiting
- anorexia
- fatigue
- weakness
- itching

Prognostic Indicators

- Creatine Clearance < 10 cc/min (<15cc/min in diabetics)
- no dialysis, no renal transplant
- signs of uremia (confusion, nausea, pruritus, restlessness, pericarditis)
- intractable fluid overload
- oliguria < 400 cc/24 hrs
- hyperkalemia > 7.0 mEq/L
- life-limiting symptoms with progression of disease
- need for frequent medical care
- dependence in most ADL's
- weight loss > 10% over past 6 months
- serum albumin < 2.5 g/dl
- cholesterol < 156 mg/dl
- HCT < 41 g/dl
- frequent hospitalizations within the last 6 mos
- Karnofsky < 50%
- Fast > 7
- desire/will to die
- sense of completion/reconciliation
- willingness to surrender to unknown/letting go

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What is the prognosis? Because of advances in technology (such as dialysis) and medical/nursing care, it is difficult to prognosticate renal disease. Cardiovascular complications can occur which lead to death in about 50% of patients with renal disease. Two more common causes of death in the patient with renal disease include withdrawal of dialysis and sepsis.

Palliative Care Pharmacological and non-pharmacological interventions should focus on symptomatic relief (symptoms are listed below), maintaining maximum function and optimal quality of life. Psychological and spiritual support is needed to assist patients with renal disease and their families who often experience fear, anxiety and depression. Support groups (including online chat groups) are an excellent resource. To help patients and caregivers find a support group; contact your local Kidney Foundation.

Documentation

Document the following signs and symptoms:

Laboratory abnormalities: Critical renal failure as defined by:

- Creatinine Clearance of < 10cc/min (less than 15cc/min for diabetics
- serum creatinine > 8.0 mg/dl (greater than 6.0 mg/dl for diabetics)
- uremia
- confusion
- intractable nausea and vomiting
- generalize pruritis (itching)
- restlessness, “restless legs”
- oliguria -- output < 400 cc/24 hour
- intractable hyperkalemia -- persistent serum potassium > 7.0 not responsive to medical management uremic pericarditis
- hepatorenal syndrome
- intractable fluid overload

Monitor and document to comorbid conditions regardless of whether patient is or is not receiving treatment. These comorbid conditions can predict early mortality. The following factors are further indications of decreased survival time.

- Mechanical ventilation
- Malignancy
- Chronic lung disease
- Advanced cardiac disease
- Advanced liver disease
- Sepsis

- Immunosuppression/AIDS
- Albumin < 3.5 gm/dl
- Cachexia
- Gastrointestinal bleeding

Documentation Tips: Document all signs and symptoms affecting physical function including onset of disease and changes over time. Include information relating the psychosocial and spiritual needs and interventions which impact the overall quality of life.

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