

Changes to the Nephrology Nursing Standards of Practice and Guidelines for Care, 2005

Rebecca L. Amato

The American Nephrology Nurses' Association (ANNA) has taken a bold step with rewriting the new Nephrology Nursing Standards and Guidelines of Care to truly reflect what nurses do best by allowing us the flexibility to think on our feet, be creative, and push the limits. There are expected patient outcomes that may seem pie-in-the-sky, that push the envelope and hold nurses more accountable for risk factors outside of our control. The standards also have a focus on cost issues. That might appear insensitive at first, but is a reality in the medical world. I think you will find the new Standards of Practice and Guidelines for Care a breath of fresh air and not as stuffy as the title might appear.

Since 1977, ANNA has published a Standards of Clinical Care for Nephrology Nursing (under different titles). They have evolved through the years—the first one being patient focused, and this one encompassing the entire field of nephrology from pre to end stage renal disease and end-of-life issues. The standards and guidelines are aimed to supplement the state board of nursing practice acts and policies and are meant as a guideline and not as the only course of care.

The biggest changes to this document when compared to the previous (Standards and Guidelines of Clinical Practice for Nephrology Nursing, 1999) are the addition of sections pertaining to the Advanced Practice Nurse and the Nephrology Nursing Role Specialty (e.g. administration, education, quality improvement, case management, research, etc.). With these additions, the document encompasses and embraces the expansive role of the nephrology nurse, and widens the audience that the standards are geared toward. Not only is the nursing role widened in the standard, but the document also

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*"If I can ease one life the aching,
Or cool one pain,
Or help one fainting robin,
Unto his nest again,
I shall not live in vain."*

—Emily Dickinson

expands on the type of patient addressed and includes the Chronic Kidney Disease (CKD) population.

The Nephrology Nursing Standards and Guidelines for Care, 2005 are broken into three areas. The first area is the ANNA Mission and Scope of Practice.

ANNA Mission Statement

The American Nephrology Nurses' Association will advance nephrology nursing practice and positively influence outcomes for patients with kidney or other disease processes requiring replacement therapies through advocacy, scholarship, and excellence.

The purpose of this section is to describe for the public and the profession the nature of this specialty's nursing practice. The section further explains the continuum of nursing care over a lifetime and the different settings that replacement therapies may take place in. General nephrology nursing practice and advanced nursing practice are also defined. Advanced nephrology nursing practice requires a minimum of a master's degree.

The second area is the Nephrology Nursing Standards of Practice. "Standards are authoritative statements by which the nursing profession describes the responsibilities for which its practitioners are responsible"

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(American Nurses' Association [ANA], 2004). Two subsections entitled Standards of Care and Standards of Professional Performance are included. The Standards of Care gives an overview of how the nurse will collect and analyze the data, identify the problems, and devise a plan of care. Implementation of the plan, coordination of the care using all resources available, and reinforcing with teaching and health promotion covers the general nephrology nurse standards. New areas for the advanced practice nurse are detailed below.

A strong emphasis is placed on evidence-based practice and intervention within the Standards of Care, but there is also language that supports being flexible and creative in our decisions, considering patient's individual needs, and taking into consideration that things change. New additions to the Standards of Care are: 5a Coordination of Care, 5b Health Teaching and Health Promotion, and two items specific to the nephrology advanced practice nurse; 5c Consultation and 5d Prescriptive Authority and Treatment (providing patients information about costs, alternative treatments, and procedures).

For the first time, the Standards of Care addresses cost containment issues. On more than one occasion, terms like "benefits and cost" and "economic impact" are used within the standard. We have skirted around this issue in the past, getting off the hook using excuses like it is not our job. When it comes to the high price of soaring health costs, it is our job, especially since nurses do have the knowledge of options of care and the contact and trust with patients and physicians. As of December 2003, there were 310,095 people receiving dialysis therapy in the U.S. and it is expected to more than double over the next ten years. ESRD patients constitute less than half of one percent of the Medicare beneficiary population, but consume approximately 5% of all Medicare expenditures. Since its conception in 1973, ESRD has always had built-in cost containment, and with our growing population it is expected that things will only get tighter. It would be neglectful not to hold nurses accountable to some degree for cost containment.

The second subsection under the Nephrology Nursing Standards of Practice is the Standards of Professional Performance. It is renumbered and starts with standard 7 (instead of 1) for less confusion and includes sections on ethics and quality of practice along with other professional performance topics and some new ones. The new standard 9: Professional Practice

Evaluation, encourages nurses to seek feedback from all avenues regarding their own practice for self-improvement. Under standard 12, Ethics, there is a new expectation for nurses to report illegal, incompetent, or impaired practices. Another new standard entitled Leadership encourages nurses to take the initiative and be both a team member and a team leader. For nurses to "willingly accept mistakes by self and others thereby creating a culture in which risk-taking is not only safe, but expected." Furthermore, creativity and flexibility are attributes encouraged, especially through times of change. Again, as within the Standards of Care, there are references to minimizing cost and unnecessary duplication, using creativity and innovation in nursing practice, and, further, analyzing patient satisfaction. In fact, there are a few references in the document regarding patient satisfaction. In our marketing world, this is a reality and something that should not be overlooked.

The third area, Nephrology Nursing Guidelines for Care covers specific information regarding patient care. Guidelines are "systematically developed statements that address the care of specific patient populations or phenomena and are based on the best available scientific evidence or expert opinion." There are 10 subsections within this area; the first covers Chronic Kidney Disease (CKD 1-4). Next, Universal Guidelines for Nephrology Nursing Care address many of the diseases and issues that all dialysis patients face. Having this section decreases duplication of information within all the subspecialties and modalities. The rest of the subsections are: Infection Control, Hemodialysis, Peritoneal Dialysis, Self-Care and Home Dialysis, Apheresis and Therapeutic Plasma Exchange, Continuous Renal Replacement Therapy (CRRT) [endorsed by the American Association of Critical Care Nurses], Kidney and Pancreas Transplantation, and Palliative and End-of-life Care.

There is an entirely new section in the Nephrology Nursing Guidelines for Care on CKD stage 1-4 (formerly pre-ESRD). The previous 1999 document had a section entitled Disease Management Prior to ESRD that focused solely on patient education. Hypertension, Glycemic Control, Nutrition and Metabolic Control, Fluid Balance and Congestive Heart Failure (CHF), Anemia, Bone Metabolism and Disease, Dyslipidemia and Reduction of Cardiovascular Disease Risk Factors, and Preparation for Replacement Therapy are all covered in this new guideline for care. The emphasis of care

for this group of patients is to prevent the progression of CKD to ESRD. There is a strong emphasis on patient education and some very lofty expected patient outcomes, such as decrease in CKD progression, decrease in modifiable risk factors (e.g. smoking, diet), and an expectation of patient self management.

Within the subsection of Universal Guidelines for Nephrology Nursing Care, there are three new sections: Bone Metabolism and Disease, Dyslipidemia and Reduction of Cardiovascular Disease (CVD) and Risk Factors, and Residual Kidney Function. Also, Fluid Balance and Congestive Heart Failure have been combined into one section. By expanding on the Universal Guidelines for Nephrology Nursing Care, the more specific guidelines (e.g., hemodialysis) are more focused and less redundant. The basis of the new headings and other sections are the K/DOQI Guidelines, which aids in making the guidelines more universal. For the most part, you won't find parameters within the document; you will need to refer to the K/DOQI and other guidelines for the numbers. By omitting the parameters, the standards will not so quickly become obsolete. At the end of each section are references so you can seek more detailed information regarding the subject matter. I liked that the Nursing Management heading was changed to Nursing Care—it's less mechanical and more soft. It's what we do as nurses. Yes, we manage many things, but we care about people.

Anemia has two additional patient outcomes listed. Along with the patient maintaining a hemoglobin and hematocrit within a targeted range, they are “the patient will demonstrate a reduction in modifiable risk factors for development of cardiovascular disease (CVD)” and “the patient will demonstrate knowledge concerning anemia and its implications” (you have to look under the CVD portion later in the guideline to find the intervention for help in altering modifiable risk factors). Holding nurses accountable for risk factors like smoking and diet that are outside of our control at first glance seems like a bad idea, and in many cases unattainable and frustrating at best. With that said, we need to at least try, and document the fact that we counseled the patient. Will we meet this expectation that the patient will demonstrate a reduction in modifiable risk factors? I would prefer to see it worded as the nurse will address issues and try to reduce the patient's bad habits. That little word “will” is very strong, but does go along with the gutsiness of this revised document, encouraging nurses to raise the bar and go to another level.

Comorbid conditions are taken into consideration with the new anemia guideline, allowing higher hemoglobins and hemoctrits for patients with conditions such as advanced cardiac disease and chronic obstructive pulmonary disease (COPD). The Fluid Balance and Congestive Heart Failure section targets a blood pressure below 130/80. Under the Dyslipidemia and Reduction of Cardiovascular Disease Risk Factors, along with assessing the patient for CVD risk factors, a high density lipid (HDL) less than 40 mg/dL or 0.40 g/L is considered a risk factor. Adherence to therapeutic lifestyle changes (TLC) should be encouraged.

The topic Residual Kidney Function (Urine Output in the 1999 guidelines) within the Universal Guidelines for Nephrology Nursing Care had an aggressive outcome of “the patient will retain residual kidney function.” The means to achieve this are that the patient would avoid nephrotoxic drugs, avoid dehydration, and use protective means when using IV contrast dye. Research shows that patients with residual kidney function in general do better with dialysis. No doubt, some of the interventions for retaining the kidney function are in the nurses' hands; however, whether the patient retains residual kidney function may be more dependent on the type of disease progression and less dependent on outside influences. It may have been better to state that all means would be taken to retain residual kidney function or to prolong kidney function. We as nurses do have to be responsible for what we can do to help the patient, but there are limitations.

Under the heading of Sleep, along with assessing and treating the problem, alternative methods such as massage and music therapy and use of white noise were cited. Sleep had a lot more detail than in the past, with many excellent resources. Coping refers to the Kidney Disease Quality of Life (KDQOL) Guidelines and has a physical, spiritual, economic, social, and psychological aspect. Under Family Process, instead of just discussing advanced directives, the nurse is to reinforce the purpose and need for them. Rehabilitation has been expanded on in the new guideline and defines four key domains that the patient will function in to their maximum potential: physical, role or social, mental health, and quality of life/satisfaction.

Infection Control has been broken out into its own section rather than lumped or repeated in other areas. Infection is universal to all dialysis patients, and breaking it out gives it the important focus it needs. The infec-

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tious diseases covered are Bacterial Infection, Hepatitis B and C, and Tuberculosis. In the 1999 version, hepatitis was a general guideline that did not delineate between the different types. In future revisions, I predict this topic will have even more types covered. Drug resistant bacteria are also covered, but not specifically, and the Center for Disease Control (CDC) is referenced throughout the document.

Within the specific modality guidelines the changes are that Self-Care and Home Dialysis are now a stand-alone section, and Hemodialysis is not broken into chronic or acute settings. Apheresis has been added to the Plasma Exchange section and a new section covering Palliative and End-of-Life Care appropriately finishes the document. "Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual." (World Health Organization

WHO) Palliative care and hospice care need not mean that the patient withdraw from dialysis.

The Nephrology Nursing Standards of Practice and Guidelines for Care are more thorough and cover a broader range of topics, from predialysis to withdrawing from dialysis in an organized manner. More references from other agencies are included and other disciplines are relied on throughout. Though the patient outcomes at times are gutsy, ANNA is moving in a positive direction with this document to reflect the recently revised American Nurses' Association (ANA) Nursing Scope and Standards of Practice (2004).

In future editions, as supporting evidence is obtained, you will see more specific interventions given within the guidelines. Also, it is highly recommended that a universal nursing language is used for prospective revisions and also for any research. By not using a universally recognized nursing language, the development of a national or even world-wide database is precluded and makes it more difficult to show or prove the positive outcome of nursing influence. ■

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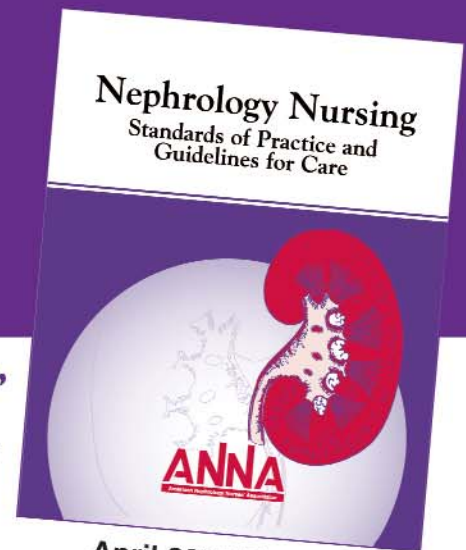
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a new, 136-page edition, has been expanded and updated from the 1999 edition to reflect changes and advances in nephrology clinical practice. It includes new sections on chronic kidney disease, rehabilitation, home dialysis, self-management, sleep, and palliative care.

Published by the American Nephrology Nurses' Association, the world's largest professional nephrology organization, *Nephrology Nursing Standards of Practice* is a "must have" for all nurses and health care providers who deliver care for patients with chronic kidney disease.

The book also serves as an excellent resource for dialysis facilities, hospital units, offices, corporations, libraries, and others who treat CKD patients.



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Editors

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Who uses the Standards and Guidelines?

Nurses, of course. But the standards are also used and cited by regulatory agents and policy makers. Every nephrology nurse and every dialysis facility should own a copy.

How are the Standards and Guidelines used?

- Guide quality improvement initiatives
- Develop role descriptions
- Prepare or update policies and procedures
- Design patient education programs and materials
- Plan staff educational programs
- Construct outcome evaluation tools
- Direct clinical research

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- ☆ Kidney and Pancreas Transplantation
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