



# The new dialysis patient

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Early referral to the Nephrologists  
And keeping PCPs involved

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# Welcome! Today we will:

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- Discuss the impact of early detection and treatment of kidney disease.
- Describe ways to encourage Primary Care Physicians to be proactive with CKD patients.
- Explain how early intervention by Primary Care Physicians can impact AVF rates.



# Chronic Kidney Disease

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- Defined by the NKF as:
  - Kidney damage present for 3 months or longer, with or without decreased GFR. (may be evident thru pathological abnormalities or markers of kidney damage in blood or urine)
  - GFR below  $60\text{ml}/\text{min}/1.73\text{m}^2$  for 3 months or longer.



# The CKD patient

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- CKD patients are frequently unaware of their risk and their disease.
- Patients that are referred later to the nephrologist and those that start dialysis with a catheter have higher hospitalization and mortality rates.
- Early referral of CKD patients for expert quality care will directly impact their longevity and quality of life.



# Early referral to the nephrologist of the CKD patient

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- Risk factors of diabetes, hypertension are responsible for 70% of all cases of CKD requiring dialysis.
- Cardiovascular disease is the leading cause of death in the CKD patient, and infection is second.
- Of CKD patients that require dialysis, those with a catheter have a 7x higher rate of infection than those with a fistula



# When should Nephrology receive a referral?

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- Recommended that patients are referred by stage 2.
- GFR is recommended for measurement, not serum creatinine.



# Why early referral

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- Potential to reverse renal failure with treatment
- Preserve remaining renal function
- Preserve blood vessels for future dialysis access
- Treat anemia
- Treat hyperparathyroidism
- Create a dialysis access before it is needed

# Barriers to referral

- PCPs are afraid of loosing their patients. Encourage the patients to maintain their PCP
- Patients are afraid of **DIALYSIS**



# 1st step to engaging the PCP: The Nephrology nursing staff

- Have a meeting with all the nephrology nurses and support staff to discuss the needs of the pre-renal patients.





# Working with the Nephrology nursing staff

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- Determine referral base of primary care physicians
- The nephrology practice needs to value the importance of early referral and good follow-up
- Nephrology practice will need to send out a letter to the PCPs stressing early referral, Include GFR and staging guidelines.



# Review of dialysis options

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- Hemodialysis
- PD
- Home Hemodialysis
- Transplant



# Review of Dialysis Access

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- In order of preference by K-DOQI guidelines
  - AVF: lowest rate of infection, highest rate of early failure, takes longest to develop
  - AVG: used for patients that have exhausted their options for an AVF
  - PC: highest rate of infection



# Review Fistula First

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- CMS National Vascular Access Initiative
- Launched in 2003 to improve fistula rates
- Goal is 66% by 2009 AVF prevalence
- K-DOQI guidelines are 10% catheter use

# Working with the Nephrology Nursing staff



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- Provide letter for nephrology practice to send to PCPs
- Recommend a follow up phone call from nephrology nurse to primary care nurse to discuss referral and recall strategies.
- Ideally we want them to initiate a recall and reschedule program to avoid patients that are lost to follow up. Primary dentists have a good model to follow for recall schedules. Pt should make their 3-6 month follow up appointments before they leave the office. If they cancel, they must reschedule before allowed to hang up. Send reminder cards and confirm appointments.



# Working with the Nephrology Nursing staff

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- Nephrology nurse should encourage the PCP RN to follow each referral with a phone call. If the patient has not scheduled his appointment within a week, the nurse should be calling the patient to schedule.
- Ideally, refusal to schedule should be referred back to PCP nurse. PCP nurse will need to call patient back to schedule a PCP follow up. All patients should continue seeing their PCP on a recall schedule



# Working with Nephrology staff

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- It is very helpful to have the laboratories frequently used in your area to add the GFR directly to their reports.
- Encourage the PCP nurses to call Nephrology practice if they have a question about a patient's results
- Too early referral better than too late



# When to make the AVF?

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- Refer to surgeon when in stage 3 (make the appt)
- Mapping should be done pre-op
- Follow up with the surgeon if the patient kept the appt
- Schedule an office follow up for 1-2 months post op
- AVF patient education should ideally have been provided and discussed at a previous visit, but now is the time to reinforce



# Follow up of the new AVF

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- Infection: usually only a concern until incision has healed. Pts will need a follow up appt with the surgeon at 2 weeks post-op
- Ischemia: (or steal) develops as the AVF develops. Pain is a significant finding
- Function: bruit and thrill, palpable vein



# Education for the patient

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- Nephrology nurses are best placed to begin education process, NKF literature is what our practice is using currently.
- Renal dietician should be seen periodically to discuss diet and with medication dosing
- Renal social worker can meet with patients to continue education process, orient to unit, routine.



# Continue to involve PCP

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- Invaluable resource for comprehensive care
- Encourage patients to continue to follow their PCP for management of other concerns, especially diabetes
- Consistent care from the PCP frees the Nephrology practice to focus on the CKD patient's renal needs
- Frees the Nephrologists from phone calls for routine orders when patients admitted to hospital

Yeah, the PCPs help us give  
the patients amazing care



Don't let your Nephrologists get crushed under the needs of their patients

