HAEMODIALYSIS NURSING
6KNIN627

Level: 6
Credits: 15

Module leader: Roseline Elsie Agyekum
Tel: 020 7848 3538/020 3299 1564
Email: roseline.1.agyekum@kcl.ac.uk

Module deputy: Mary Malone
Tel: 020 7848 3014
Email: mary.malone@kcl.ac.uk

Academic support:
The Course Leader is the primary lecturer & provides academic support through both lectures and tutorial support. She may also be approached for guidance at any time throughout the course. Practice Development Nurses and clinical experts from practice undertake some of the lecturing in specialist subject areas.

This handbook must be read in conjunction with module information provided on KEATS, the King’s E-Learning And Teaching Service. You will be given access to KEATS on enrolment. Important information relating to assessment and related regulations can be found in the Postgraduate Programme Handbook, available on KEATS and via the Student Services Centre.

This handbook can also be provided in alternative formats (such as large print) upon request to asc@kcl.ac.uk.
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Module overview

Module aims
This course aims to prepare practitioners working in Haemodialysis Units for their role within renal health care. They will have the opportunity to develop and critically evaluate specialist haemodialysis skills and knowledge in order to deliver high quality compassionate care to patients undergoing haemodialysis treatment. There will be emphasis on the wider context of care such as shared-decision making, social issues and the co-ordination of outside agencies.

Learning outcomes
At the end of the course students will be able to;

- Develop and critically review their own skills and competence in the holistic care of the patient undergoing haemodialysis
- Enhance systematic assessment skills and professional experience to influence haemodialysis patient outcomes
- Select and critically evaluate relevant research to promote evidence-based practice within the haemodialysis setting including national and international guidelines
- Synthesise knowledge and create responses to problems that expand / redefine existing practice to effect change within the haemodialysis setting
- Critically appraise and compare protocols and the management of care for haemodialysis clients and families locally, nationally and internationally to achieve clinical effectiveness
- Critically evaluate and reflect on the professional role of the haemodialysis nurse within the inter-disciplinary settings and other members of the multi-disciplinary team to gain a more insightful perspective
- Critically discuss current resources in determining health care strategies for haemodialysis clients

Teaching arrangements
This module incorporates a blended learning approach, with 50% taught session and 50% E-learning. The educational approach is student centred and you will experience a wide variety of teaching and learning strategies, including;

- Lectures and discussions E-learning activities
- Worksheets
- Directed reading and study including online reading list Case studies and discussion
- Reflective practice
- Personal and Group Tutorials Practice placements
Submitting coursework/exam information

Marking - All assignments are double marked, first by the module leader. A sample of the essay is then reviewed and marked by the second marker prior to final agreement on marks. Finally, a sample of the essay is submitted to an external examiner (Lecturer in another University) who reviews and agrees with the marks.

The Assessment Portfolio

The assessment is a portfolio made up of 3 entries aiming to assess your knowledge and development. Your portfolio should demonstrate your achievement of the learning outcomes of the course.

All three portfolio entries (self-directed study, essay and PAD) must be submitted in order to pass the course.

Coursework submission/exam instructions are provided on the KEATS module page.

It is essential that you use your candidate number on all assignments/examinations. Your candidate number will be available via Student Records on the King’s Intranet approximately one month after you enrol.

Please note that work submitted late will constitute a fail grade. The exception to this is if you submit Entry 2 in the window 24 hours after the submission date and time. The maximum you can be awarded if you submit during this time is 40%.

Entry 1: Formative assessment

Pre-course workbook: Submission date: Thursday May 4 2017 by 09:00.

E-learning components: Submission date: Tuesday 8 August 2017 by 11:59m
Entry 2: Summative assessment

Submission date: Tuesday 18 July 2017 by 11:59pm

Word limit: 2,500 (Weighting: 100% of the total course work). One copy of your assignment must be submitted electronically via turnitin.

Title: Critically discuss the holistic assessment, intervention and proposed management of ONE of the following clinical conditions

Question 1: Nursing Management of the deteriorating patient during Haemodialysis

Felix is a 76-year-old male with chronic kidney disease secondary to type 1 diabetes who has been transferred to you unit having had 3 HD sessions in Acute HDs. Past medical history includes left ventricular hypertrophy and Left sided heart failure. He had Coronary Artery Bypass Graft two years ago and currently has a pace maker in situ. His medications include Bisoprolol prescribed for atrial flutter, Pregabalin and Amitriptyline for neuropathic pain. His HD prescription from acute are as follows:

- HD Duration- 2.5 hrs 3x weekly
- Dialyser size Polyflux 17L
- Vascular access: (LT) Brachiobasilic AVF
- Anticoagulant: Heparin, 1.0 bolus and 1.0mL maintenance dose
- Blood flow and dialysate flow rate not stated.

On arrival for dialysis today his blood pressure is 108/68mmHg and he weighs 89 kg (dry not stated). Previous blood results were as follows:

Potassium-6.1, Calcium-1.70, Hb-7.8, random blood sugar 21.8, CRP 13.0

OR

Question 2: Nursing Management of a patient with challenging vascular access.

David is a 80 years old male diagnosed with CKD secondary to hypertension. He started dialysis 8 months ago, 4hr x 3 weekly, via tunnelled cuffed catheter however, he experiences poor blood flow rate and subsequently his dialysis dose inadequate. He is malnourished and has lost 5% of his flesh weight over the past 2 months. He routinely does not complete his dialysis sessions early due to the frequent machine alarms and or asks to come off early. His CVC has been revered consistently for the past two weeks. His additional dialysis prescription: Dialyser: 140H, Anticoagulant: Clexane 40mg.

A trend review of his blood flow rate and patency record is as follows:

<table>
<thead>
<tr>
<th>Date</th>
<th>Blood flow (Pre &amp; Post)</th>
<th>Arterial Pressure (Pre &amp; Post)</th>
<th>Venous pressure (Pre &amp; Post)</th>
<th>Thrombolytic therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/05/17</td>
<td>250/230</td>
<td>-250/-270</td>
<td>250/230</td>
<td>-</td>
</tr>
<tr>
<td>02/05/17</td>
<td>200/180</td>
<td>-270/-270</td>
<td>200/150</td>
<td>25 000 units long dwell (30 mins)</td>
</tr>
<tr>
<td>29/04/17</td>
<td>220/200</td>
<td>-270/-270</td>
<td>230/180</td>
<td>-</td>
</tr>
<tr>
<td>27/04/17</td>
<td>250/230</td>
<td>-250/-270</td>
<td>250/240</td>
<td>-</td>
</tr>
<tr>
<td>25/04/17</td>
<td>200/180</td>
<td>-250/-270</td>
<td>200/250</td>
<td>25 000 units long dwell (30 mins)</td>
</tr>
<tr>
<td>22/04/17</td>
<td>240/220</td>
<td>-250/-250</td>
<td>210/250</td>
<td>-</td>
</tr>
<tr>
<td>20/04/17</td>
<td>230/250</td>
<td>-230/-220</td>
<td>250/240</td>
<td>25 000 units long dwell (30 mins)</td>
</tr>
</tbody>
</table>

Sola is a 28-year-old female who has Stage 5 Chronic Kidney Disease (CKD) and she is dialysing for 3.5 hrs x 3 weekly. She is morbidly obese, and has been treated for Catheter Related Blood Stream Infection two weeks ago, with poor blood flows being recorded.

She is admitted to the Renal Ward for investigations into complaints of palpitations, lethargy and occult blood stools. Her average dialysis adequacy is 61%. A blood test on admission revealed the following results; Hb 85.0 g/dL Ferritin 180ug/L TSAT 15% % Hypochromic cells-9%, Reticulocyte count- 70 , Total Iron Binding Capacity- 150 ug/dl, Vitamin B 12- 118 ng/l, Folate- 6 ug/l, CRP- 15mg/dl.

She is currently on Eprex 3000IU twice weekly and Iron Sucrose 100mg fortnightly.

Essay Guidelines:
- Select any ONE of the above scenario or choose a patient within your clinical setting with any ONE of the above clinical conditions; provide rationale for your choice
- Provide a brief explanation of underlying pathophysiology of your chosen condition identifying actual and potential risk factors
- An overview of a holistic clinical assessment undertaken should be presented; and the results/clinical observations should be compared with referenced norms i.e. explain what the findings mean
- Critically discuss the psychological impact of your chosen clinical condition for patients and their families
- Critically appraise two aspects of management and prevention of your chosen condition in light of current research, and local, national and international guidelines (Please select a maximum of two aspects of management and prevention for this section)
- Make recommendations for future practice

Marking - All assignments are double marked, first by the module leader. A sample of the essay is then reviewed and marked by the second marker prior to final agreement on marks. Finally, a sample of the essay is submitted to an external examiner (Lecturer in another University) who reviews and agrees with the marks.

Feedback - Feedback is provided via KEATS through the Turnitin submission portal. Feedback is provided focusing on 3 key aspects
- The strengths of the work
- Areas in which this work could be developed
- General Comments
Entry 3: Completed Practice Assessment Document (PAD) (Weighting: Pass/Fail)

Submission date: Tuesday 1 August, 2017 by 11:59am.
You must submit your completed Practice Assessment Document. In order to pass you must achieve the required standards stated within the document.

Results and re-submissions for course work
Students will receive a provisional (unratified) mark for their coursework 4 weeks following submission. According to the method of submission as detailed on your KEATS site, if your work was submitted online you will be able to download marked coursework from KEATS; alternatively, if you completed a hard-copy submission you can collect your coursework and feedback from the Student Services Centre.

To collect a hard copy assignment, you must provide your candidate number. Alternatively, you may send a stamped addressed envelope to the Student Services Centre ensuring that this is large enough to accommodate your assignments and that you have applied sufficient postage. Hard copy assignments will be retained for four weeks; if you have not collected your assignment by then, it will be destroyed.

Feedback will include the award of a numerical grade which remains provisional until ratified by the examination boards. Ratified marks can be viewed via Student Records on the King’s Intranet, following the relevant examination board.

If you are unsuccessful, it is recommended that you contact the module leader before submitting your second attempt. This will enable the module lead to provide you with an appropriate level of support as you prepare to re-submit your work.

Resubmission date: Tuesday 17 October 2017
Learning resources

Week 1 taught sessions

Session 1: Introduction to the Course and e-learning, Portfolio & PAD

By the end of the session students will be able to:

- Demonstrate an awareness of the Course content & assessment Explain what is expected of them whilst on the course
- Understand the nature of the portfolio assessment
- Demonstrate an understanding of what is required for the portfolio
- Understand what is expected of them regarding their clinical competence
- Demonstrate understanding of how the competency document will improve clinical practice
- Understand the assessment structure used within the document Access the FNSNM website & KEATS renal site

Indicative reading


Course handbook

Post-qualification handbook

Practice Assessment Document

https://keats.kcl.ac.uk/login/index.php
Session 2: Renal Guidelines, Tariffs & Commissioning

By the end of the session students will be able to:

- Critically evaluate the Renal Association clinical practice guidelines and NICE guidelines & how they influence practice
- Critically analyse the UK standards with Kidney Disease Outcomes Quality Initiative (K/DOQI)
- Have knowledge of the Renal Registry data and understand the relevance of this data
- Demonstrate an understanding of renal tariffs and the implication they have on practice both nationally and locally
- Demonstrate an understanding of the implications of specialised commissioning
- Demonstrate an understanding of Quality, Innovation, Productivity and Prevention (QIPP) within the Renal setting

Indicative reading
DOQI guidelines available at www.kidney.org/professionals/kdoqi/guidelines.cfm
http://www.dh.gov.uk/health/2012/02/confirmation-pbr-arrangements/

NICE guidance available at https://www.nice.org.uk/guidance/conditions-and-diseases/kidney-conditions

www.dopps.org
www.kdigo.org
Session 3: Anaemia Management

By the end of the session students will be able to:

- Identify normal and abnormal blood values related to renal anaemia.
- Critically evaluate the clinical evidence for anaemia treatment protocols.

**Indicative reading:**


Session 4: Management of Diabetes in patients with CKD

By the end of the session students will be able to:

- Critically evaluate the relationship between diabetes and the kidney
- Critically analyse the nursing care required by the patient with diabetes

**Indicative reading:**


Session 5: Chronic Kidney Disease & Complications/ Cardiovascular disease in CKD

By the end of the session students will be able to:

- Understand the D/OQI classification and how they relate to practice
- Analyse the psychological implications of the diagnosis of kidney disease Critically evaluate the multidisciplinary care of kidney disease protocols
- Explore the interface between the primary and tertiary care of patients with CKD
- Explore the relationship of the heart, hypertension and kidney failure
- Explain the pathophysiology of the heart and hypertension and the kidney Identify patients with Chronic Kidney Disease risk factors for developing
- Hypertension & Cardiovascular Disease
- Be able to discuss the pathophysiological mechanisms that contribute to increased cardiovascular morbidity and mortality
- Critically evaluate the treatment options

Indicative reading:
Elliott K. & Bolton A. (2011) Managing the risk of cardiac arrhythmias in patients with worsening renal function British Journal of Cardiac Nursing 6(8); 376-383
Week 1 Self-directed Study and E-activities

E-activities 1: Renal Anatomy & Physiology

By the end of the activity students will be able to:
- Explain the structure of the Kidney
- Explain the functions of the kidney
- Relate the normal functions of the kidney to dysfunction

Indicative reading:

E-activities 2: Cardiovascular disease

For objectives and indicative reading see week 3 taught sessions (above).

E-activities 3: Renal Anaemia

For objectives and indicative reading see week 1 taught session (above).

E-activities 4: Diabetes and CKD

For objectives and indicative reading see week 1 taught session (above).

E-activities 5: Fluid & electrolytes

By the end of the activity students will be able to:
- Understand the movement of fluid and solute between compartments within the body
- Understand the movement of fluid during dialysis.

Indicative reading
**E-activities 4: Fluid & electrolytes**

By the end of the activity students will be able to:
- Understand the movement of fluid and solute between compartments within the body
- Understand the movement of fluid during dialysis

**Indicative reading**


**E-activities 5: Renal Blood Tests Quiz**

By the end of the e-learning students will be able to:
- Identify the main blood tests undertaken in the management of renal diseases. State the normal values of the common blood tests used with Nephrology.
- Explore the significance and potential implications of abnormal blood results.

**Indicative reading:***


Week 2 Taught Sessions

Session 1: Haemodialysis machine

By the end of this activity students will be able to:
- Identify all the safety features on a Haemodialysis machine
- Critically evaluate the importance & role of all technical aspects of the haemodialysis machine

Session 2: Haemodialysis prescriptions

By the end of this session students will be able to:
- Explore the need for different haemodialysis prescriptions Discuss different haemodialysis filter membranes and sizes
- Discuss and explore the rationale for different dialysate concentrations and flows and when they may be required
- Identify high risk medications such as, IV anticoagulants, thrombolytics

Indicative reading

10D Hemostasis. Available online at https://www.youtube.com/watch?v=Zk2sWofwSU video of coagulation

Activase t PA MOA Mechanism of Action Activase® Alteplase. Available online at https://www.youtube.com/watch?v=dClu6nC2qNs


Clot Formation and Clot Breakdown: 2D Medical Animation. Available online at https://www.youtube.com/watch?v=ffjEiVeYRNg

Coagulation cascade. Available online at https://www.youtube.com/watch?v=xNZEERMSeyM


Session 3: Haemodialysis Assessment

By the end of the session students will be able to:

- Discuss the physiological mechanisms of both oedema formation and dehydration. Critically evaluate how a fluid assessment is undertaken.
- Analyse the importance of fluid management in a patient with renal failure.
- Critically analyse the holistic assessment of patient prior to commencement of haemodialysis and appropriate adjustment to the treatment plan.

Indicative reading:


Session 3: Complications of Haemodialysis

By the end of the activity students will be able to:

- Understand the precipitating factors for the development of haemodialysis complications Early detection and treatment of haemodialysis complications
- Ensure patent safety and to prevent further patient development of haemodialysis complications

Indicative reading:


**Session 4: Dialysis Induced Hypotension**

By the end of the session students will be able to:

- Define the pathogenesis of dialysis induced hypotension
- Identify haemodynamic changes during haemodialysis leading to hypotension using non-invasive devices
- Classify patients in different risk categories, enabling specific therapy to be designed and implemented
- Apply the most appropriate protective strategies for the hypotension prone patient on an individual basis
- Analyse the care required for common intradialytic complications
- Discuss the effectiveness of different interventions for dialysis induced hypotension

**Indicative reading:**


Week 2 Self-directed Study and e-activities

E-activities 1: Principles of Haemodialysis/Haemodiafiltration Quiz
By the end of this activity students will be able to:
• Discuss the principles of the haemodialysis.
• Critically evaluate the effects of using different prescriptions on these principles

Indicative reading:

E-activities 2: Haemodialysis Machine Quiz
By the end of this activity students will be able to:
• Identify all the safety features on a Haemodialysis machine
• Critically evaluate the importance & role of all technical aspects of the haemodialysis machine.

Indicative reading:

E-activities 3: Complications of Haemodialysis
For learning outcomes and indicative reading see week 2 taught session, above.
Week 3 Taught Sessions

Session 1: Infection Control & Prevention

By the end of this session, students will be able to:

- Review strategies to prevent bloodstream infections in patients on dialysis
- Discuss patient perspectives on prevention of bloodstream infections
- Relate the patients’ role in infection prevention
- Discuss risk factors, clinical manifestations, medical management, and methods to prevent or reduce the transmission of common infections in haemodialysis patients
- Discuss risk factors, clinical manifestations, medical management, and methods to prevent or reduce the transmission of Multi-Drug Resistant Organisms
- Analyse the importance of good infection control procedures / practices within renal settings
- Identify how different blood borne viruses are transmitted

Indicative reading


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**Session 2: Online Haemodialfiltration**

By the end of the session students will be able to:

- Discuss the principles of this treatment option
- Identify the advantages and disadvantages of this treatment over haemodialysis.

**Indicative Reading**


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**Session 3: Management of Haemodialysis Access**

By the end of the session students will be able to:

- Discuss ways of monitoring the function of access Analyse the effectiveness of fistula assessments
- Critically discuss the advantages & disadvantages of different cannulation techniques
- Discuss ways of monitoring the function of CVC’s Discuss ways of monitoring the function of CVC’s
- Explore the rationale for the care of required for CVC

**Indicative reading:**


DOQI guidelines available at www.kidney.org/professionals/kdoqi/guidelines.cfm


Waterhouse D. & Winterbottom J. (2010) How a central venous catheter surveillance tool was developed for use with all ethnic groups. *Nursing Times* 106(6), 12-14
Week 3 Self-directed Study and e-activities

E-activities 1: Management of Haemodialysis Access

For learning outcomes and indicative reading see week 3 taught session, above.
http://www.youtube.com/watch?v=HE5QhsPRaPU
https://www.youtube.com/watch?v=0IfjE0G9C_M or
https://www.youtube.com/watch?v=DGya15H_Jfw

E-activities 2: Dealing with Challenging Patients

By the end of the session students will be able to:
- Identify patients who may be challenging
- Explore strategies that staff can employ to deal with challenging patients
- Explore the reasons why patients may present challenging behaviour
- Have knowledge of possible services available to assist patients

Indicative Reading


Week 4 Taught Sessions

Session 1: Acute Haemodialysis/1st Dialysis
By the end of the session students will be able to:
- Discuss the principles of performing a holistic assessment in a relation to both 1st dialysis & dialysing an acutely ill patient
- Critically evaluate acute dialysis prescriptions.

Indicative reading:

Session 2: Shared Care and Home Haemodialysis
By the end of the session students will be able to:
- Critically evaluate the concept of shared care
- Discuss barriers to shared care / home dialysis and how to overcome them Critically analyse the patient selection criteria
- Critically analyse the NICE Home Haemodialysis guidelines
- Educate patients and assist with the decision making of patients regarding shared care / home dialysis options.

Indicative reading
Session 3: Haemodialysis Adequacy

By the end of the session students will be able to:

- Discuss the principles of adequacy measurements and the changes that maybe required as a result.
- Critically analyse the clinical effectiveness of different adequacy tools

Indicative reading:


[http://www.implementationscience.com/content/pdf/1748-5908-8-118.pdf](http://www.implementationscience.com/content/pdf/1748-5908-8-118.pdf)

Session 4: Water Treatment

By the end of the session students will be able to:

- Evaluate the importance of water purification in Haemodialysis
- Understand the complications of raw untreated water.

Indicative reading:


Week 4 Self-directed Study and E-activities

E-activities 1: Shared Care and Home Therapies

For learning outcomes and indicative reading see week 4 taught session, above.

E-activities 2: Sustainable Haemodialysis

By the end of the session students will be able to:

- Discuss the importance and methods of improving the sustainability of haemodialysis

Indicative reading:
Session 1: Psychological Implications of Kidney Disease

By the end of the session students will be able to:

- Explore the signs and symptoms of psychological distress
- Identify different psychological presentations patients may display
- Explore different coping strategies patients utilize
- Explore different strategies that healthcare professional can use to help patients to cope with being on dialysis
- Analyse the potential reasons for psychological problems patients may present with.
- Have knowledge of possible services available to assist patients.

Indicative reading


Session 3: Mineral Bone Disease

By the end of the session students will be able to:

- Identify the physiological processes that occur within the bones of patients with renal failure.
- Analyse the complications of abnormal calcium, phosphate and PTH. Explain the degenerative effects of the condition.
- Critically analyse the principles of the management of the disease.

Indicative reading:


Session 4: Nutrition Needs for Patients with Renal Diseases

By the end of the session students will be able to:

- Identify the key nutrients considered in the nutritional treatment of renal failure and their main food sources in the diet
- List the health consequences of abnormal levels of these nutrients in the blood. Identify the incidence and causes of malnutrition in patients with chronic renal failure
- Select the appropriate nutritional tools available at ward level to undertake an accurate nutritional assessment of a patient with chronic renal failure
- Identify the four methods of nutritional support used in malnourished patients with chronic renal failure

Indicative reading:


Assignment Workshop

Learning outcomes & indicative reading: see assessment criteria.

Week 5 Self-directed study and E-activities

E-activities 1: Nutrition Quiz
For learning outcomes and indicative reading see week 5 taught session, above.

E-activities 2: How to Critique
By the end of the session students will be able to:
• Critically review an article of their choice
• Discuss the merits and criticisms of the article

Indicative reading:

E-activities 3: Mineral Bone Disorder
For objectives and indicative reading see week 5 taught sessions (above).
Week 5 self-directed study and e-activities

E-activities 1: Nutrition Quiz

For learning outcomes and indicative reading see week 5 taught session, above.

E-activities 2: How to Critique

By the end of the session students will be able to:

- Critically review an article of their choice
- Discuss the merits and criticisms of the article

Indicative reading:


E-activities 3: Mineral Bone Disorder

For objectives and indicative reading see week 5 taught sessions (above).
General indicative reading


Websites
www.advancesinpd.com
www.akdjournall.org
www.anaemianurse.org
www.artery.org.uk
www.britishrenal.org
www.clinicalevidence.com
www.cochrane-renal.org/index.html
www.doh.gov.uk
www.dopps.org
www.edren.org
www.hdcn.com
www.hilo.nhs.uk
www.kidneycare.nhs.uk/
www.kdigo.org
www.kcl.ac.uk/nmvc/studyskills
www.kidney.org.uk
www.kidney.org/professionals/kdoqi/index.cfm
www.kidneypatientguide.org.uk
www.kidneywise.com
www.nephronline.org
www.nephron.com
www.annanurse.org/cgi-bin/WebObjects/ANNANurse.woa/wa/viewSection?s_id=1073744615&ss_id=536873798&Name=articleList
www.nice.org.uk/
www.nkf.org.uk
www.renal.org/Clinical/GuidelinesSection/Guidelines.aspx
http://sonet.nottingham.ac.uk/resources/
www.videomd.com
Module evaluation

At the end of the module you are requested to complete the short online evaluation which will be available on your module KEATS site. Student evaluations are very important to us and are required by Health Education England and the regional London Local Education and Training Boards.

Action from previous evaluations

1. Introduction of assignment workshop
2. Adjustment of assignment guidelines
3. Introduction of new topic
<table>
<thead>
<tr>
<th>Teaching Mode</th>
<th>Date</th>
<th>Time</th>
<th>Session</th>
<th>Lecturer</th>
<th>Room</th>
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<tbody>
<tr>
<td>University based Study</td>
<td>4 May 2017</td>
<td>09:00 – 09:30</td>
<td>Introduction to the courses &amp; e-learning, portfolio &amp; PAD</td>
<td>Roseline Agyekum</td>
<td>FWB1.14</td>
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<tr>
<td></td>
<td></td>
<td>09:30 –11:00</td>
<td>Renal Guidelines, Renal Tariffs &amp; Reimbursement</td>
<td>Roseline Agyekum</td>
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<td></td>
<td></td>
<td>11:00-12:00</td>
<td>Anaemia Management</td>
<td>Roseline Agyekum</td>
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<td></td>
<td></td>
<td>13:00 –14:30</td>
<td>Management of Diabetes in patients with CKD</td>
<td>Ann Vanderpuye</td>
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<td></td>
<td></td>
<td>14:30 – 16:00</td>
<td>Promoting holistic care in Renal Setting</td>
<td>Roseline Agyekum</td>
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<tr>
<td>University based Study</td>
<td>25 May 2017</td>
<td>09:00 –10:30</td>
<td>Water Treatment</td>
<td>Ian Morgan</td>
<td>Denmark Hill RM 3</td>
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<td></td>
<td>10:30 – 12:00</td>
<td>Management of CVC &amp; Infections in Haemodialysis</td>
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<td></td>
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<td>13:00 – 16:00</td>
<td>The management of AVF’s &amp; Grafts</td>
<td>Fatima Defiuredgo</td>
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<td>University based Study</td>
<td>8 June 2017</td>
<td>09.00 – 09.45</td>
<td>The Haemodialysis machine</td>
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<td>09:45 – 11.15</td>
<td>Haemodialysis prescriptions (Dialysers &amp; Dialysates, Anticoagulants)</td>
<td>Roseline Agyekum</td>
<td>FWB 4.174</td>
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<td>11:15-12:00</td>
<td>Shared Care &amp; Home HD</td>
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<td>FWB 4.174</td>
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<td>13.00 – 1400</td>
<td>1st Acute Dialysis</td>
<td>Samuel Asante</td>
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<td>14:00 – 16:00</td>
<td>HDx Assessment including Fluid Assessment</td>
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<td>University based Study</td>
<td>22 June 2017</td>
<td>09:00 – 10.30</td>
<td>Complications of Haemodialysis</td>
<td>Nithyakala Devaraj</td>
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<td>10.30 – 12.00</td>
<td>Online Haemodialfiltration</td>
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<td>13.00 – 14.30</td>
<td>Haemodialysis Adequacy</td>
<td>Viviene Caguicla</td>
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<td>14.30 – 16.00</td>
<td>Dialysis induced hypotension</td>
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<th>University based Study</th>
<th>6 July 2017</th>
<th>09:00 – 10.00</th>
<th>End of Life care disease &amp; Symptom management</th>
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<td>10.00 – 11.30</td>
<td>Psychological implications of kidney disease</td>
<td>GSTT Palliative Team</td>
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<td>11:30-12:00</td>
<td>Assignment Workshop</td>
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<td>13.00 – 14.30</td>
<td>Management of mineral bone disease</td>
<td>Roseline Agyekum</td>
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<td>14.30 – 16.00</td>
<td>Nutrition in CKD, PD, HD &amp; AKI</td>
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FWB – Franklin-Wilkins Building; Waterloo Campus
Chantler Skills Centre 2.6: Guys Campus
WEC – Weston Education Centre, Denmark Hill Campus