Avondsymposium 23 november

Klinische onderzoeken bij de nefrologische patiënt
VLAANDEREN ZOND ZIJN ZONEN & DOCHTERS NAAR EDTNA 2017
Vancomycin-resistant Enterococcus outbreak on the nephrology department: How to manage it at the dialysis unit

Olbrechts C.1, Crols S. 1, Heemeryck L. 1, Bosmans P. 2, Van Paesschen N. 1, Tielemans C. 1, Nursing Staff Hemodialysis Unit UZ Brussel

- In total: 16 VRE-patients at dialysis unit
  - Most got out of isolation after 3 negative screenings, some passed away
  - Currently 2 VRE-colonized patients

- Large impact of the outbreak
  - On patients and health care workers
  - Continuous vigilance is required

- Need of:
  - Repeating hand hygiene campaigns
  - Re-education patients and (para-)medical staff
• The use of central catheters increased further to 50%.
• 68 patiënten were dialyzed with a combination of AV-fistel and catheter, 7 with another access
Rol van de verpleegkundige bij hyperfosfatemie
S. Claus, UZ Gent

- Vifor-Fresenius meeting
Machine TMP is a misleading parameter to follow haemodialyser clotting
F. Vanommeslaeghe, W. Van Biesen, S. Claus, M. Dierick, L. Van Hoorebeke, A. Dhondt, S. Eloot

20 patients - midweek HD session

During HD: follow-up different dialysis parameters
- Flow rates, volumes, pressures
- BVM, OCM

After HD:
- Dialysis parameter: rinsing volume
- ...

Dry mass of dialyser (after drying)
- Micro CT scan

Correlations: dialysis parameters vs. clotting

Dry mass dialyser
- $y = -0.0113x + 296.02$
- $R^2 = 0.6175$
- $R = -0.786$
- $P < 0.001$

TMP (post versus pre HD)
- $y = -0.006x + 109.73$
- $R^2 = 0.1358$
- $R = -0.369$
- $P = 0.110$

Take home message
Although popular, machine TMP cannot accurately predict coagulation in the extracorporeal circuit.
Utility scores to assess Quality of Life in prevalent haemodialysis patients

E. Holvoet, E. Deman, A. Verleysen, I. Van Dorpe, S. Eloot, W. Van Biesen

Patients (n=121)
- 74 males.
- Age: 67.7 ± 15.8
- Hospital, satellite and home dialysis units
- Haemoglobin: 11.4±1.3g/dl

Table: Questionnaires

<table>
<thead>
<tr>
<th>EQ5D</th>
<th>Mobility</th>
<th>Self-care</th>
<th>Usual activities</th>
<th>Pain/discomfort</th>
<th>Anxiety/depression</th>
<th>Visual analogue scale (VAS): self-rated health</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROMIS-29</td>
<td>Anxiety</td>
<td>Depression</td>
<td>Fatigue</td>
<td>Pain interference</td>
<td>Physical function</td>
<td>Sleep disturbance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Satisfaction with participation in social roles</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ability to participate in social roles and activities</td>
</tr>
</tbody>
</table>

- Patients were interviewed by trained nurses to avoid selection bias
- Data were collected and stored centrally using Survey-Monkey.

Results
- Reported EQ5D utility in this population of prevalent HD patients is low.
- No correlation between the subjective scores of Health related QoL and EQ5D utility index.
- Both physical function (PROMIS-29) and mobility (EQ5D) are problematic.
- Anxiety and depression are comparable to the general population.

Take home message
It can be hypothesised that patients develop coping mechanisms to adapt to their new disease state.
Reduced actual sleep and sleep efficiency in patients on in-centre nocturnal haemodialysis

E. Holvoet, S.J. Maertens, W. Van Biesen, S. Eloot

**Objective measures**  **Motionwatch**
- Actual sleep: total time effectively spent in sleep.
- Sleep efficiency: actual sleep as a % of time in bed.
- Fragmentation index: a measure for sleep quality.

**Subjective measures**  **Questionnaires**
- Insomnia Severity Index (ISI): subjective sleep experience of the last 2 weeks.
- Pittsburgh Sleep Quality (PSQI): sleep habits of past month

**Results**
- Sleep time in daytime HD patients is less the night before the HD treatment
- Sleep quality and sleep efficiency in nocturnal HD patients is worse during HD treatment compared to sleeping at home
- Nocturnal HD patients sleep less and less efficient as compared to daytime HD patients
- Objective and subjective measurements are not correlated

**Take home message**
- Patients’ perception might deviate significantly from what is measured.
- Further studies preferably include both measurement to have a complete picture of the sleep
Quality of Life in paediatric patients with chronic kidney disease


Participants & Questionnaires

- Quality of Life (general & ESRD)
- Internalising problems
- Externalising problems
- Attentional functioning
- Executive functioning

Results: PedsQL (QoL)

Children informants

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<tr>
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<th>Psychosocial</th>
<th>Physical</th>
<th>Total</th>
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<tbody>
<tr>
<td>CKD</td>
<td>69</td>
<td>73.3</td>
<td>71.1</td>
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<td>controls</td>
<td>81.4</td>
<td>85.3</td>
<td>83.4</td>
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</table>

Parents informants

<table>
<thead>
<tr>
<th></th>
<th>Psychosocial</th>
<th>Physical</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents CKD</td>
<td>67</td>
<td>72</td>
<td>69.5</td>
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<tr>
<td>Parents controls</td>
<td>84.6</td>
<td>93.2</td>
<td>87.6</td>
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Results: Internalising problems

<table>
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<tr>
<th></th>
<th>Parents</th>
<th>Children</th>
<th>Teachers</th>
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<tr>
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<td>13</td>
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<td>clinical</td>
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<td>3</td>
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</table>

Take home message

Children with CKD have lower QoL, as informed by parents or children. Almost 50% of parents are concerned regarding possible internalising problems of their child.
Conclusions/Applications for nurses.

It is the doctors’ responsibility and the nurses' duty to control the connection and state of these potential equalization yellow/green and mains cables of beds, hemodialysis machines and other equipment. The technicians and reference nurse of our unit continuously try to implement this control habit to all the new doctors, nurses and logistical personnel.

Only with regularly monitored equipment and installations, dialysis is considered to be a relatively safe procedure as far as electrical hazards are concerned.
EDTNA SCHOLARSHIP 2017 voor ELS HOLVOET, UZ GENT

ORPADT-MEDTRONIC BELLCO award 2017 voor ELS HOLVOET, UZ GENT

ORPADT-MEDICOLE award 2017 voor CELINE OLBRECHTS, UZ BRUSSEL
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