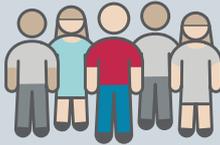


Renal supportive care

Clinical priorities

Chronic kidney disease causes a slow loss of kidney function, including the ability to remove waste and maintain normal blood pressure, water and electrolyte balance. Chronic kidney disease has a high symptom burden and is associated with other chronic diseases (such as diabetes) and limited lifespan. The NSW renal supportive care model is an integral part of renal services. It supports patients' quality of life and wellbeing while living with life-limiting kidney disease.

About **21,000** people have stage 4 and 5 chronic kidney disease in NSW



During the early stages of disease, patients often show no symptoms.

For stage 4 and 5 patients kidney function is likely to deteriorate to a point where life-changing decisions need to be made.

These patients often have symptoms such as pain, severe skin irritation, digestive issues and depression.

Treatment options include:

- home or facility-based dialysis
- non-dialysis conservative care
- transplantation.

Adapted from Australian Health Survey, Australian Bureau of Statistics

This clinical overview summarises four key areas that ensure effective management of chronic kidney disease.



SHARE DECISION-MAKING

Patients, families and carers discuss with the renal multidisciplinary team: their treatment options, expected progression of the disease and support available.



MINIMISE PATIENT SUFFERING

The multidisciplinary team draws on patient reported measures and clinical judgement to tailor treatment to relieve symptoms and suffering.



REFER TO RENAL SUPPORTIVE CARE

Patients with advanced chronic kidney disease who have symptoms and suffering should be referred to a renal supportive care service.



ONGOING SUPPORTIVE CARE

Integrated, coordinated care monitors changes in symptom burden over time and engages with patients, families and carers to revisit treatment options.

Renal supportive care is embedded in usual renal care, but involves an interdisciplinary approach, integrating renal medicine and palliative care services and encompassing advance care planning and end-of-life care.



Share decision-making

The renal multidisciplinary team, patients, their families and carers, discuss treatment options. Options may include conservative management or renal replacement therapies such as dialysis or kidney transplant. The available treatments may depend on the stage at which the patient first presents.

Together, there is discussion about the expected progression of the disease and the support available.



Refer to renal supportive care

Chronic kidney disease is defined as:

- estimated glomerular filtration rate (eGFR) <60 mls/minute for ≥ 3 months, with or without evidence of kidney damage

OR

- evidence of kidney damage (with or without decreased eGFR) for ≥ 3 months, such as:
 - albuminuria
 - blood in urine (not urological)
 - pathological abnormalities
 - anatomical abnormalities.

Staging a patient's chronic kidney disease, involves combining eGFR, albuminuria stage and the underlying diagnosis.

Patients with advanced chronic kidney disease who have symptoms and suffering should be referred to the renal supportive care service, regardless of the treatment pathway chosen or disease stage.



Minimise patient suffering

The multidisciplinary team tailors treatment to align with each patient's values, and to relieve symptoms and suffering. This is based on regular use of patient reported measures and clinical judgement.

The renal supportive care team involves the wider team of renal, palliative and other relevant specialists in minimising a patient's pain and suffering. Diet and exercise, medication, psychological health, social or economic distress and advance care planning are topics that are explored regularly with the patient.



Ongoing supportive care

All clinical teams and patients, their families and carers are kept up to date about the patient's symptoms and level of suffering.

The GP, other staff or specialists involved in the patient's care (including staff at nursing homes), family members and carers receive regular clinical progress updates from the renal supportive care team. Conversely, they communicate with the renal supportive care team about any changes in the patient's symptoms and suffering. Symptoms may include pain, itchy skin and restless legs; suffering could involve any form of biopsychosocial distress.

Evidence

Australian Bureau of Statistics. [Australian Health Survey: Biomedical Results for Chronic Diseases, 2011-12](#). ABS, Canberra; 2013.

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