Balancing the Scales of Goal Weight Management

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Goal weight (GW) prescription and management are integral components of hemodialysis (HD). Fluid retention contributes to cardiovascular disease thus increasing morbidity. Conversely, hypotension and other adverse effects affect the quality of patients’ treatments and possible quality of life on days off HD. No known HD tools exist to guide nurses in consistently providing information to the patient so that an informed choice can be made as to the amount of fluid to be removed.

- Reducing the harm to patients if too much or not enough fluid is removed. To balance the possible long term consequences with the short term adverse effects in a way that preserves patient autonomy.
- Increasing communication between the patients, nurses, and the inter-professional team to provide a consistent and coordinated approach to GW.
- Providing informed choices when prescribed GWs are not achieved in more than three consecutive runs by educating patients on the multiple GW factors and interventions.

Open quality improvement study with pre and post surveys conducted on patients, nurses, and prescribers.

- All participants from St. Paul’s Hospital were voluntary and English speaking adults (>19 years of age).

A patient educational pamphlet (Figure 1) was developed to include information patients had difficulty understanding:
1) the definitions of net and total fluid removal (a 0.4L difference)
2) the various factors and interventions involved in GW management
3) A 125-ml measuring cup (Figure 1) was provided to those patients having difficulties managing fluid restrictions.
4) A guide was developed to remind the nurses to consider all the factors involved in GW assessments and possible interventions to assist in educating the patient as well as improving the communication between the inter-professional team. Nurses were asked to use the guide on patients who were not able to reach their GW (within 0.5L) for more than three consecutive runs. (Figure 2)

No statistically significant findings between pre and post surveys in all three groups. Due to the study being open and with a turnover of nursing staff and patients, the pre and post groups most likely involved different individuals.

Performing a qualitative study may better highlight the possible issues in using the tools to educate patients in achieving GWs.

Trialling the study in a community dialysis unit where there is less turnover of staff and patients may provide a more consistent group of participants and therefore more statistically significant results.

Involving family members may be beneficial in reinforcing the educational material.

Translating the patient pamphlet to include different languages may serve a portion of our patient population having difficulties achieving GWs due to language barriers.