

Chronic Kidney Disease

Chronic Kidney Disease is a health problem

Individuals living with Chronic Kidney Disease (C.K.D) face various signs because of the illness and its management, these signs are frequently under identified. It is hard to diagnose this problem on its initial phase. Almutary, Hayfa, Bonner, A., & Douglas, Clint (2013) in their study concluded that C.K.D is not usually diagnosed on its early stage. The signs of this disease happen in clusters. A literature search from the year 2006 to 2012 was undertaken and around nineteen articles were encompassed. This study showed that the symptoms of C.K.D which are most common are lack of energy or fatigue, pruritus, pain, and feeling drowsy. But, the symptom examining tools differed between researches, frequently with inadequate or inconsistent sign dimension.

According to Almutary, Hayfa, Bonner, A., & Douglas, Clint (2013) patients with this disease face a huge burden of signs, however somewhat is known regarding the pressure of individuals with C.K.D stage four and for those people in stage five. Enhanced knowledge of the burden of signs could be utilized for making treatment choices and for recognizing priorities that are possibly to add to improved life quality and enhance care quality (Almutary, Hayfa, Bonner, A., & Douglas, Clint 2013). The incidence and prevalence of End-stage renal disease has amplified in every high income countries for numerous reasons. Together with the factors such as the escalating diabetes rates, better endurance from heart disorders, and better acceptance to therapy of dialysis, the increase in ESRD is seen to continue (Stevens, 2004).

The current nursing interventions for Chronic Kidney Disease

McLaughlin, Kay (2004) in his research signified that early diagnoses of the person with this disease shows huge opportunities for the health-care team of nephrology. Existing study has showed that timely and appropriate management and education during initial phases of this disease decreases health-care danger to the person and reduces linked cost. This study aimed to discover the possibility for extending contribution nurses make in treating people with C.K.D as they move towards the last phase of kidney failure. In the framework of lack of nephrologists and an increased population of patient experiencing this kidney disease, the possibility to encompass advanced nephrology nursing in the early management of the disease was postulated. Literature was reviewed regarding initiatives for reducing the growth of Kidney failure and preventing linked problems. International literature on nurse practitioner and advanced nursing practice role was assessed linked with treatment of this illness.

the formation of initial intervention list the nurse practitioners in health-care would let nurses to move outside these well formed subspecialties, and give new resources for helping treating this disease. A care model was planned which summaries the collaborativework of nephrology nurse practitioner with community health givers and local health-care team of nephrology to treat early phases of C.K.D. It is obvious that ongoing management of people with this disease and early intervention is presently suboptimal. The growth of nephrology nurse practitioner is a ground-breaking method to reach community of nephrology and meet health necessities in a cost effective way (McLaughlin, Kay; 2004).

What interventions have been successful and what interventions have NOT been successful

Chronic kidney disease is linked with enhanced cardiovascular risk concluded that the successful interventions include the help of nursepractitioners who enhance the treatment in people with this disease. A huge improvement has been observed by taking the help of nurse practitioners (N.P) in preventing this kidney illness.

References

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