

CASE STUDY ON CHRONIC KIDNEY DISEASE

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Introduction

Chronic renal failure or chronic kidney disease (CKD) is a gradual and progressive decline of kidney function and is usually observant in individuals who are pre exposed to clinical conditions of type II diabetes mellitus, hypertension and various cardiovascular diseases. The current international guidelines characterizes CKD with a Glomerular Filtrate Rate (GFR) of less than 60mL/min per 1.73m² or other significant determinants of kidney damage existing for at least a period of 3 months (Webster et al, 2017). This piece is a holistic analysis of a case study of a person suffering from CKD and intends to provide a brief insight into her clinical conditions, the impacts the disease has on his activity participation and general limitations, interventions suggested by professional health experts and the assessment of the professional characteristics exhibited by the health experts.

SECTION I: Description of the Case

Stephanie Smith is a 65 year old Australian female dialysis patient, a resident of Sydney and suffering from chronic kidney disease (CKD). She has been recently discharged after being admitted to the Sydney State Hospital for one week after complaining of shortness of breath, nausea, fatigue, lower extremity edema right up till her knees, vomiting and decreased urine output. The patient is known to have a past medical history of type II diabetes mellitus and hypertension for more than 20 years. In addition to this, it has been further reported that ever since she has been on dialysis, there has been a gradual decline in her mobility performance which has been exacerbated in the last 8 months. When asked if she faces problems in carrying

out her daily tasks, she responds in the affirmative and states that there has been a gradual worsening in carrying out the most basic of her daily activities and that often she finds it even difficult to get out of her bed. This has greatly impacted her social participation for she stays wheelchair bound for most of the time and requires a 24 hour professional medical practitioner to help her with her daily activities.

SECTION II: Description and justification of the Intervention

A. Defining the role as a health professional

As a practicing nurse and in direct charge of helping the client with improving her functioning, the role is well defined. The case study states that the patient finds it difficult to perform both ADLs (Activities of Daily Living) and IADLs (Instrumental Activities of Daily Living) which is indicative of the pronounced role of the nurse in catering to her direct and indirect needs.

B. Identification and description of the intervention

It has been evidenced that 12 weeks of supervised exercise resulted in favorable improvements not only on fatigue related outcomes but also on immobility issues (Wilkinson et al., 2019). The exercise schedules can entail walking tests of 2 or 6 or 12 min duration, intermittent shuttle walk, gait speed training, chair stands and even stair climb tests. In addition to this, resistance training further helped to reduce the symptoms pertaining to loss of muscle power and strength in the CKD patient (Wilkinson et al., 2019).

C. Identification of the ICF components that the intervention may target

It has been realized that the ICF core sets for the acute hospital and post-acute rehabilitation facilities show great relevance for rehabilitation nursing (Mueller et al., 2008). In the context of the client with CKD, the prevalence of the disease has widely shown to affect her mobility, thereby subjecting her to musculoskeletal impairments and conditions such as sarcopenia. The ICF core sets laid down by the World Health Organization aims to provide a list of essential categories that are relevant in different health care contexts (ICF Research Branch, 2020). The intervention provided here is in alignment with improving muscle strength and endurance and also entails activities and participation categories in cases of disabilities triggered by musculoskeletal impairments which therefore finds compliance with the ICF core set for patients with musculoskeletal conditions in the post-acute care.

D. Identification of risks associated with the intervention

In carrying out the intervention procedures, certain risks may be identified. It has been realized that during the conduction of walking tests or intermittent shuttle walk or during the procedure of stair climb tests, the patient might lose her balance and hurt herself physically owing to the fragility and weakness of her muscles.

E. Strategies that must be implemented to minimize the risks

In order to avert the potential risks that are associated with the intervention method, certain strategies must be implemented:

- 1. Constant monitoring:** Ensuring that the patient is not alone during the walking or gait speed or stair climb tests and therefore the professional practitioner must be alert and keep a constant check on the patient.

2. **Dietary supplements:** Encouraging the intake of certain dietary supplements such as foods rich in vitamin D that help in building bone strength (Moorthi & Avin, 2017). Insufficient amounts of vitamin D can lead to balance problems.
3. **Keeping assistive devices handy:** During the execution of the intervention procedures, keeping assistive devices such as wheelchairs or walkers can come handy so that the patients can use its support in case she feels dizzy.

SECTION III: Identification of another health professional in the team and evaluation of her role

A. Identification and description of the role of the other health professional working as a part of inter professional team

In achieving the effective intervention procedure so as to better client health, it has been realized that the role of a physiotherapist is almost imperative. Chronic kidney disease is known to be associated with protein wasting and multiple derangements due to uremia, which facilitates sarcopenia (Moorthi & Avin, 2017). Sarcopenia accentuates immobility in CKD patients and in this regard undergoing proper exercise schedules in the form of high intensity resistance training under the supervision of a trained physiotherapist is expected to positively contribute towards muscle gains (Beckwée et al., 2019). Therefore, the presence of a physiotherapist, in addition to having a skilled nurse would facilitate swifter results for the patient concerned.

B. Identification of the ICF components that the role may target

ICF core sets, laid down by the World Health Organization help in outlining the functioning in clinical practice by providing a list of essential categories that are significant in case of special health conditions and health care contexts (ICF Research Branch, 2020). The case study of Stephanie Smith highlights acute immobility issues characterized by inability to perform ADLs (Activities of Daily Living) such as bathing, toileting, dressing and IADLs (Instrumental Activities of Daily Living) such as taking medications, cooking meals, travelling (Painter & Marcus, 2013). This is entirely owing to the existence of her clinical condition of CKD which over a period of time has been reported to have worsened. Therefore, the intervention provided is in compliance with the ICF core set for patients with musculoskeletal conditions in the post-acute care.

SECTION IV: Specification of Professionalism Characteristics

A. Three characteristics of professionalism

The act of professionalism is extremely central to the idea of nursing because it mandates quality patient care and simultaneously upholds the values of empathy, care responsibility, advocacy and honoring the respect and dignity of the patient. It has been evidenced that the profession of nursing is characterized by three distinct attributes, namely cognitive, attitudinal and psychomotor (Ghadirian, Salsali & Cheraghi, 2014).

1. Cognitive aspect:

All nursing practitioners must possess the cognitive framework to understand professionalism (Mueller et al., 2008). It primarily entails the understanding of the underlying principles of professional conduct and realizing as to why it is necessary to incorporate it into the daily execution of activities so as to effortlessly make decisions.

2. Attitudinal aspect:

Understanding of the values of nursing as a profession and upholding its ideals are key determinant in defining professionalism in this profession. The ability to understand one's feelings, the willingness to help those in need, exhibiting humanistic values of care and empathy, tolerance and flexibility in communication and the proactive attitude to take responsibility define the attitudinal aspect of professionalism (Mueller et al., 2008).

3. Psychomotor aspect:

Professional nursing demands clinical working. It has been evidenced that nurses who foster psychomotor competencies are those who value professionalism (Mueller et al., 2008). Over a period of time there has been an expansion in the dimension of a nurse's role in care giving and often entails getting involved in therapeutic activities based on their professional qualification.

B. Alignment of the characteristics with the intervention method carried out

It has been realized that in the assessment of the intervention method, the nursing professionals were able to carry out her activities in compliance with the three major attributes of nursing professionalism. Not only did the professionals were shown to foster a mindset that upheld the humanistic values of care, empathy and tolerance but also exhibited great communication skills while discussing important matters pertinent to the patient that facilitated easier and swifter intervention procedures. It must further be stated in this regard that in the understanding and rectification of the mobility impairment in compliance with the ICF norms, the cognitive and psychomotor aspects of professionalism were adhered by the professionals in addition to maintaining a caring attitude (Mueller et al., 2008).

Conclusion

This case report therefore comprehensively addresses the problem of chronic kidney disease observed in an Australian patient and in doing so offers a holistic understanding of the role and justification of the chosen intervention method to combat the disease. It also highlights the physiological, mobility and disability impairments caused as a result of this disease and in compliance with the ICF suggest ways in which it can be tackled. It also helps in the realization of professionalism characteristics that are central in the execution of duties and states how the activities of the medical experts were in alignment with that.

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