

**Medical Management Plan of Care for Chronic Renal Failure**  
Green River District School Health Program

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_ School: \_\_\_\_\_

Physician(s) \_\_\_\_\_

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**Renal Failure** is the ability of the kidneys to excrete waste material, concentrate urine, and conserve electrolytes. Chronic renal failure refers to a long-term, irreversible kidney disorder resulting from acute illness or kidney malformation. . Acute renal failure occurs suddenly in response to inadequate perfusion, kidney disease, or urinary tract obstruction. Treatment for chronic renal failure includes dialysis or kidney transplantation. Children with chronic renal failure frequently take multiple medications including prednisone, a steroid. Two types of dialysis are available: hemodialysis and peritoneal dialysis. Dialysis is used to maintain life and well being until kidney function is restored. It is a substitute for some kidney functions such as removal of toxic substances and wastes from the body, removing excessive fluid, and regulating blood pressure. Hemodialysis involves being connected to a machine that substitutes for the kidney. This procedure requires a surgically places tube to provide access to a dialysis machine.

**Problem:** Mobility/Activity

**Goal:** Encourage regular activity

**Action:**

1. Allow unrestricted activity and allow to set own limits regarding rest and extent of exertion.
2. If there has been a transplanted kidney avoid and direct blow to the abdomen just a few inches below the surface of the skin.

**Problem:** Dietary restrictions

**Goal:** The goal of the diet in renal failure is to provide sufficient calories and protein for growth while limiting the excretory demands made on the kidney.

**Action:**

1. Does student eat school lunch? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Are there any diet restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please list the diet restrictions. \_\_\_\_\_

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3. Encourage intake of carbohydrates to provide calories for growth and foods High in calcium to prevent bone demineralization.

**Problem:** Fluid volume excess

**Goal:** Will maintain appropriate fluid volume

**Action:**

1. Administer oral fluids as prescribed.
2. Daily fluid restriction \_\_\_\_\_
3. Use strategies to prevent undesirable intake.
4. Suggest way to divide total volume of fluid intake into small quantities to be spread over the entire day.
5. Keep mouth moist by other means, such as hard candy, ice chips, fine mist spray of cool water.

**Problem:** Body image disturbances due to chronic illness.

**Goal:** Will develop positive self-esteem and understanding of disease.

**Action:**

1. Provide education about CRF concerning the management, treatment and long term outcome.
2. Encourage student's independence with care and management of CRF.
3. Promote self-esteem in the student.

**Problem:** Fistula (a surgically placed tube) needed for Hemodialysis.

**Goal:** Early recognition and reporting of symptoms.

**Action:**

1. Student has an AV (arteriovenous) fistula yes \_\_\_\_ no \_\_\_\_\_ this is a blood vessel that has been specially altered to provide an access to the circulatory system. This is where the dialysis machine connects to the patient.
2. The fistula should be checked every \_\_\_\_\_ hrs. at school.
  - a. Check by feeling over the site for a rippling sensation.
  - b. If no ripple is felt, contact parent.
3. If the fistula bleeds:
  - a. Student can bleed to death in minutes.
  - b. Apply direct firm pressure for ten minutes.
  - c. Contact nurse and parents immediately.
  - d. If bleeding is profuse or fails to stop after ten minutes, call 911 immediately.
4. Do not have student lie on the fistula or wear constrictive clothing.
5. Do not take blood pressure on the arm with the fistula.
6. Watch for s/s of infection.
7. Report any signs of infection to the parent.

**Problem:** Cannula needed for Hemodialysis.

**Goal:** Early recognition and reporting of complications.

**Action:**

1. Student has an Arteriovenous (AV) shunt. Yes \_\_\_\_\_ No \_\_\_\_\_  
An AV shunt is an artificial tube that is connected to blood vessels and provides an access to the circulatory system for the dialysis machine to be connected.
2. The cannula should be checked every \_\_\_\_\_ hrs. while at school.
  - a. Check by feeling over the site for a rippling sensation.
  - b. If no ripple is felt contact the parent.
3. Check the blood in the tubing every \_\_\_\_\_ hrs. while at school.
  - a. The blood in the tubing should be bright red.
  - b. If the blood is dark or clots can be seen, the cannula must be cleared immediately.
  - c. Notify the parent immediately if any of the above occurs.
4. Document all problems.
5. If the tubing should become disconnected:
  - a. The student can bleed to death in minutes.
  - b. Have a clamp available and in close proximity at all times.
  - c. Pinch the tubing with the clamp or if no clamp is nearby, with your fingers.
  - d. Recap the tubing. Notify the parents.
  - e. If bleeding or leakage continues contact 911 immediately.
6. Do not have the student lie on the cannula or wear constricting clothing.
7. Do not take blood pressures on the arm with the cannula.
8. Watch for s/s of infection.
9. Report any signs of infection to the parent.

**Problem:** Subclavian or Femoral Catheter needed for hemodialysis

**Goal:** Early recognition and reporting of symptoms

**Actions:**

1. Student has a subclavian catheter Yes \_\_\_\_\_ No \_\_\_\_\_. This is a special tube placed under the collarbone to provide and access site to connect the student to the dialysis machine.
  - a. The subclavian catheter is maintained by injecting a blood thinning solution in the catheter periodically.
  - c. No school staff, except the school nurse should inject anything into this catheter.

**OR**

1. Student has a femoral catheter that is a special tube placed in the groin to provide an access site to connect the student to the dialysis machine.
  - a. The femoral catheter is maintained by injecting a blood thinning solution into the catheter periodically.
  - b. No school staff, except the school nurse should inject anything into this catheter.

2. If the tubing should become disconnected:
  - a. Student can bleed to death in minutes.
  - b. A clamp should be available and in close proximity at all times.
  - c. Pinch the tubing with the clamp or if no clamp is nearby, clap with your fingers.
  - d. Recap the tubing. Notify the parents.
  - e. If bleeding or leakage continue call 911 immediately.
3. If bleeding occurs around the site:
  - a. Apply firm pressure with a clean cloth for at least 10 minutes.
  - b. Contact parent immediately.
  - c. If bleeding is heavy or continues to ooze after 10 minutes contact 911.
4. Watch for s/s of infection.
5. Report any s/s of infection to the parent as soon as possible.

**Problem:** Immunosuppressive Medication

**Goal:** Give medication on time

**Action:**

1. Student may be on Cyclosporin which is a drug that suppresses the immune system so that the student can accept the new kidney. Missing even one dose can cause the body to mount a rejection response against a newly transplanted kidney.
2. Report even mild symptoms of infections including, colds, fever, sore throat, mouth sores, etc.
3. Common side effects can include: headache, tremor, gum problems, thrush, skin problems and hair growth.

**Problem:** Medication (Prednisone)

**Goal:** Early identification and reporting of side effects.

**Action:**

1. Prednisone is medication that is used to reduce inflammation.
  - a. The side effects that must be reported promptly to parents include: behavior changes, blood in the stool, or vomiting blood.
  - b. Common side effects that do not require notifying a parent include: moon-shaped face, flushing, acne, and headache. These side effects can negatively impact a student's self-image and school staff should be sensitive to this.
  - c. Educational implications to prednisone are minimal.
  - d. Prednisone should always be taken with food to prevent upsetting the stomach.
  - e. Prednisone should never be discontinued without the physician's knowledge.

**CONTACT INFORMATION**

Parent/guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Parent/guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**SIGNATURES**

This health care plan has been reviewed by:

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Physician \_\_\_\_\_ Date \_\_\_\_\_

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Student's parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

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School Nurse \_\_\_\_\_ Date \_\_\_\_\_

