Case Study
Mary Martin
Renal/ESRD

Day 1 100. Mary Martin a 62 year old female of Native American decent if admitted to the hospital with increased fatigue, lethargy, and occasional confusion from chronic uremia secondary to End Stage Renal Disease (ESRD). Mary has a long history of diabetes mellitus resulting in permanent damage to her kidneys. Diagnostic tests ordered for Mary include: Renal scan and ultrasound, Hgb & Hct., BUN, serum creatinine, creatine clearance, serum electrolytes, urinalysis, urine with C & S, fasting blood sugars, and fingerstick blood sugars AC & HS.

Questions:
1. Discuss the cultural/ethnic consideration of clients with ESRD. Which cultures have a higher incidence of ESRD?
2. Identify the purpose of each diagnostic test ordered and why these tests would be needed with a diagnosis of ESRD.
3. Develop and prioritize 5 nursing diagnoses for Mary and 3 interventions for each diagnosis

Day 3, 1100. Mary’s renal status has continued to deteriorate. Creatinine clearance is 6 ml per minute and Mary is showing evidence of fluid intoxication despite conservative measures to restrict fluid. BP 160/96, weight has increased by 5 lbs. since admission, 2+ pitting edema noted in her ankles and feet, fine crackles are present bilaterally in bases of lungs on auscultation, jugular vein distention is evident. Mary’s doctor has prepared her for the possibility of hemodialysis.

4. What are included in conservative nursing measures to prevent fluid volume excess in clients with renal disease
5. Explain why Mary’s symptoms may develop in a client with ESRD.
6. Compare and contrast peritoneal dialysis and hemodialysis. What are the advantages and disadvantages of each?

Discharge day. Mary had an internal arteriovenous fistula surgically created 2 day ago. Mary will receive hemodialysis through a temporary access percutaneous cannula in her right subclavian until the fistula is ready for use. The nurse schedules Mary for hemodialysis at the outpatient dialysis center 3 times per week. She is scheduled for a doctor’s appointment in one week at which time she will have serum electrolytes and a CBC drawn. The dietitian has met with Mary and instructed her on fluid, sodium, and potassium restriction and a low protein, 2,000 calorie diabetic diet. Mary lives alone on fixed income. She expresses concern regarding her ability to get to the dialysis center 3 times per week and her financial capability to afford hemodialysis.

7. Considering discharge planning, what other areas should the nurse investigate with Mary?
8. What are some of the options the nurse might explore with Mary regarding transportation and financial resources?
9. How has the ESRD Medicare program assisted individual with renal disease? How can the nurse help Mary access this resource?
10. If Mary does not do well on hemodialysis, renal transplantation may be her only other option. Considering the scarcity of donor organ, Mary will be placed on a waiting list with many others. Recently, there has been public debate about door organs being given to someone who may have damaged their organs through drug abuse or chronic alcoholism. How do you feel about this matter? What are some of the ethical issues that must be considered in such a debate?