

I have been doing my preceptorship clinicals on South-10 and I have really been surprised with everything I have learned and have gotten to experience. The nurse that I am with has only been a nurse for 2 years, but she is amazing at what she does, and she gives me hope that I can be where she is in the same amount of time. The floor that I am on is a renal/nephrology floor and a telemetry floor. It is more than just a typical med-surg floor because our patients are a higher acuity and most of them require life-long dialysis. Patients who come to S-10 are either already on dialysis, or they get the detrimental news that they will now require life-long dialysis to live, and some patients do not take this news very lightly.

One of the days that I was at clinicals, we had a patient come in because he was very sick and did not know why he felt like this. He came through the ER; they ran labs and saw that he was in kidney failure. His BUN and creatinine were through the roof and, he had hyperkalemia. This gentleman was elderly and had a wife who depended on him for her ADLs, so he was worried about her while he was in the hospital the whole time. The situation that arose was we went into his room to talk to the patient and his elderly child about signing consent for a long-term port where they can do his dialysis. The patient asked if this would be “a forever thing”, and the nurse said “yes, this is something that is life-long.” The patient immediately said no and that he did not want to do this. We gave the patient time to discuss with his son what the possibilities were and went to get the wife so that she was included. After about an hour or so, my nurse and I went back into the room to ask if they were ready to sign the papers. The patient was still unsure, so he asked my nurse “what happens if I refuse this?” My nurse was honest and told him that without this treatment his body would eventually fill with toxins and make him so sick to where he was not going to be able to do anything and that most likely his death would be slow and “not the way you want to go.” After a few more minutes of him talking with his family, they decided that him doing dialysis would be the best for their family. We got them to sign the consents and then left the room.

At the beginning of this situation, I was nervous because it was my first time witnessing this kind of consent, but I honestly did not expect the patient to say no at first. I was thinking that we would walk out of the room with the consent signed, with no problems. When we first went in there and he told us no, his son came out crying saying that he knows he needs this and just wish that his dad would understand. For me that was hard because I had never been put into a situation like that and the only thing, he wanted was for his dad to get better and in that moment, we could not make that happen. I was very saddened by this and only wished I could do something.

The good things about this event was definitely getting the patient to consent for the dialysis port and to get him started on dialysis. The only “easy thing” about this was going in the room and explaining why it needs to be done. As nurses it is our responsibility to advocate and provide education to our patient in order for them to make the best-informed decision. What I felt like I did well was just being there for my patient and their families’ needs. I was able to learn a lot from my nurse and will use this in my practice.

My previous knowledge comes from school, when we learned about kidney disease and failure. I remember learning all the normal values and this patient’s levels were very high. I knew that dialysis was used to clean the body and get rid of the toxins that the kidneys are supposed to be getting rid of. I was very aware that this patient needed dialysis due to his bloodwork, but I was not aware of the consent process. The issues that could arise from this is,

having more patients refuse this treatment, simply because it takes up their time or they feel it is unnecessary. The family's perspective of them losing their husband/father was what helped this move in the right direction for the patient. I really feel like if they were not in the picture, this man would not have signed the consent.

I believe that this situation could not have gone any better. We got the outcome that we wanted and so did the family. The family being there made this whole situation better and if they were not there, I feel as though the outcome may have been different and not the way we wanted. From this situation I have learned that not everyone wants what is best for them right away, some need education and convincing from the nurse and from family members. I also learned how to talk to patients and their families during a difficult time such as this.

Overall, this was a bad situation that turned into a great outcome. I don't believe I would do anything differently, because the patient and the family got what they wanted, and it was also the safest and best option for them to choose. I can use these lessons that I have learned when it comes to my practice in the future, and I hope to use it when I may come across a family or patient who needs some education regarding a life-long decision.