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The Study for Status and Factors of End-Stage Renal Disease in End of Life Care

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Objectives: To understand the medical condition of end-stage renal disease one month before death

Background: There were very few documentation for the patients with end-stage renal disease received end-of-life care, so patients experience was uncomfortable and bad experiences, hoping to report on care quality and related factors.

Study Design: Retrospective cohort study to examine trends in quality of end-of-life care among a cohort of 1794 Taiwanese end-stage renal disease patients who died in 2008–2013.

Methods: In retrospective cohort study to dead from 2008 to 2013 were 1,794 ESRD patients receiving dialysis treatment and its end-of-life quality of care and using the SAS version 9.4 suite of software.

The data obtains from the “Ambulatory care expenditures by visits (CD)”, “Inpatient expenditures by admissions (DD)” and “Registry for catastrophic illness patients (HV)” and ICD-9 is “585”. We connected the “Registry for catastrophic illness patients (HV)” and the field is “DEATH_MARK=Y” and who was in 2008-2013.

Logistic regression analysis was performed and the regression analysis between single factor variable and each dependent variable was carried out to obtain the crude odds ratio and p-value before the other factors were uncorrected. In addition, multivariable logistic regression analysis Multivariable odds ratio of end-stage renal disease patients than in the dying one month before the end of their care status, including CPR, Life-sustaining treatment, emergency room visits and hospitalization, analgesics and their age, sex, , income and comorbidities and analyze their correlation.

Effect: In the present study, 12.4% of cardiopulmonary resuscitation was used in the last month, 45.3% was in the living system and 32.6% in the intensive care unit. Patients with end-stage renal disease had high rates of use. In terms of medical use, the end-stage renal disease cases in this study had a year-on-year increase in the number of patients who had come to the emergency department of the hospital at the end of their life, while those with a comorbidity index of more than 4 were 581 (32.3%) and less than 2, (24.7%). There were only 14 patients (0.8%, N = 1794) from 2009 to 2013, but a total of 1,230 patients (68.6%, N = 1794) in Taiwan had analgesic use, compared with foreign data Very different.

The odds ratio (OR) of CPR and life support factors in the last month was 0.63 times higher than 65 years old and 3.19 times (1.56-6.52, P = 0.0015) in non-low-income households. The urbanization level of the city is 0.56 times higher than that of the high urbanization city (0.33-0.97, P = 0.0368). There was also a correlation between CPR and medical resources in patients with end-stage renal disease (1.91-fold, 1.02-3.59, P = 0.0437). The odds ratio (OR) of odds ratio (OR) was 0.63-0.64 (P = 0.017) and the OR was 0.45-0.62 (P = 0.017) 0.002, showing a negative correlation.

Medical use, to more than 4 years as the main ethnic groups, more than 4 years is estimated that the patient's body some side effects and symptoms began to appear, a total of 3, the index was 1.42 ~ 1.75 (p <0.001 ~ 0.018) , The higher the index that high common disease, easy to emergency visits. The OR was 0.74 (0.58-0.95, P = 0.019), while the OR was 0.61-0.64 for the hemodialysis to death and 6.05 (3.67-9.99, P <.0001) for the medical center and Hospitalization significance of 2.76 times for low-income households for non-low-income households, living in the following five-level mainly for its Odds ratio of 1.73, in addition to disease characteristics, dialysis type, dialysis to death time, hemodialysis for peritoneal dialysis 1.58 times (1.01-2.47, P = 0.047) because of complications and more often hospitalized and dialysis to death time was negatively correlated 0.33 ~ 0.48 times. The hospital trait was a medical center with a non-medical center of 5.08 times (3.15-8.21, P <.0001) and a private hospital with an Odds ratio of 0.63 (0.45-0.89, p = 0.009).

Only 14 (0.8%, n = 1794) received tranquility from 2009 to 2013. In this study, there were significant levels of urbanization for residential, residential level 5 was 8.06, (1.21-53.53, P = 0.031), while the pain medication given, the correlation of dialysis to death time, teaching hospitals. (OR = 2.29, 1.43-3.67, P = 0.001), while the urban area of the hospital was negatively correlated with the following cities. The odds ratio was 0.65.

Conclusion: Cardiopulmonary resuscitation (CPR) and the use of life-support systems were downward, from 14.3% in 2008 to 9.2% in 2013. The use of life support systems decreased from 50.3% in 2008 to 37.9% in 2012, Year-on-year rise.

Medical centers are well-equipped with equipment departments and physicians, while patients with end-stage renal disease have a high degree of loyalty. Once dialysis treatment is available, they are fixed to hospitals and physicians and medical centers are often their choices and services and care many.

Non-cancerous end-stage renal disease patients to participate in peaceful relief of medical treatment also increased slowly, people may end patients with tranquilizing kidney disease understanding and there are still many gray areas. Family members for the ease of medical concept have been gradually mature, but the regulatory awareness is more vague and the face of the end of the disease removal of the implementation of the lack of living systems, there is still much room for improvement.