LKN Supportive Care Pathway v1.1 May 2023

LKN London Kidney Network

Assessment & Education

GFR under 20 and declining and person over 60 or Clinical opinion

Provide person and their family/carers with appropriate education to support shared decsion making

Consider best place of care
-Centre
-Unit
GP led

Consider referral to AKCC

Complete CFS

Consider using:
MoCA
EQ5D
POS Renal
CGA

Early Management

Describe treatment options
Include family/carers when possible
Agree whether dialysis is preferred treatment

Minimise progression
- BP control
-Medication compliance

Start future planning
-Start ACP
-agree treatment goals, inc. use of dialysis

Minimise symptoms
-rationalise medications
- provide pain management

Offer pyscho-social referrals

Optimise function
Offer referrals for functional/physical issues, e.g. to physio, OT, or dietetics

Later Management

Six-monthly reassessment of
SQ
CFS

GFR under 10
SQ =No
CFS = or > 5
Signifcant health event e.g. CVA

Optimise symptom management
- Continue to manage progression
- Introduce continuation or cessation of dialysis

Co-create an Universal Care Plan
Consider optimal place of care
Discuss DNAR with person and their family/carers

Identifiy and agree
- management goals
-further ACP

Consider Palliative Care referral

End of Life Care

EoL approching

Continued symptom control

Local Palliative Care referral

Psychological support for patient

Psychological support for family

Confirm and document PPC

Consider cessation of dialysis

Metrics

1. Evidence of baseline assessment
2. Documentation of shared decision making discussion and outcome

1. ACP discussion documented
2. CFS reviewed
3. Symptom assessment(s) documented

1. ACP reviewed and decisions documented
2. DNAR status documented
3. Urgent Care Plan completed
4. PPC documented

1.Hospital admissions in last year of life
2. Place of death recorded
3. Symptom scored recorded