CHRONIC RENAL FAILURE DISCLOSURE

INSTRUCTIONS: This form must be reviewed with and signed by the resident/resident representative/guardian. Complete upon admission, quarterly, with a significant change of resident condition and upon the request of the resident/resident representative/guardian/facility.

_____ is committed to providing quality of care to all residents. For each
(Facility Name)

resident to receive and for _____ to provide the necessary care and services
(Facility Name)

to attain or maintain the highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment and plan of care, it is necessary to build a team between the resident/resident representative/guardian, physicians and facility staff. Resident/resident representative/guardian participation in the management, treatment, interventions and approaches is an essential part of the overall care plan for the resident.

Chronic Renal Failure, also known as chronic kidney disease or End-Stage Renal Disease (ESRD), is the last stage of chronic kidney disease. In chronic renal failure, the nephrons are permanently destroyed and the kidneys become unable to respond to excessive or decreased salt and fluid intake. Chronic renal failure ends fatally in uremia (an excess of urea and other nitrogenous wastes in the blood) unless dialysis or kidney transplantation is performed.

Chronic Renal Failure occurs in three stages: diminished renal reserve, then renal insufficiency and finally renal failure and uremia.

Risk factors for chronic renal failure include:

- Diabetes
- Hypertension
- Obesity
- Smoking
- Heart/cardiovascular disease
- Family history of kidney disease
- Advanced age
- Abnormal kidney structure
- Race, i.e., Native American, African-American, Asian-American

***Note:** The symptoms may vary in severity. Each resident may experience symptoms differently.

Stage	CLINICAL SYMPTOMS
Diminished Renal Reserve	• Residents with diminished renal reserve are asymptomatic - no obvious signs or symptoms
Renal Insufficiency	• Nocturia (excessive or frequent urination after going to bed) • Fatigue, weariness, exhaustion, weakness, shortness of breath • Decreased mental acuity, confusion • Muscular twitching, cramps and seizure activity • Dehydration • Loss of appetite, nausea, vomiting, metallic taste in the mouth and stomatitis (inflammation of the mouth – including the lips, tongue and mucous membranes) • Sleep problems • Swelling of ankles and feet

NAME–Last	First	Middle	Attending Physician	Record No.	Room/Bed

CHRONIC RENAL FAILURE DISCLOSURE

Stage	CLINICAL SYMPTOMS
Advanced Renal Failure	• Abdominal pain • Persistent itching • Decreased urine output • Uremic frost (a deposit of urea crystals on the skin from evaporation of sweat in a patient whose kidneys are severely impaired) • Yellow-brown discoloration of the skin • Gastrointestinal (GI) bleeding • Hypotension or hypertension • Gum ulceration and bleeding • Thin, brittle fingernails and dry, brittle hair • Bibasiliar crackles • Cardiac arrhythmias • Shortness of breath • Chest pain • Poor skin turgor • Peripheral edema

Persons with Chronic Renal Failure may develop complications that put them at risk for:

- Anemia
- Dehydration
- Hyperkalemia
- Peripheral neuropathy
- Impaired skin integrity
- Sexual problems, i.e., impotence
- Lipid disorders
- Electrolyte imbalances
- Pulmonary edema
- Coma
- End-Stage Renal Disease
- Heart/cardiovascular disease
- Decreased immune response
- Weakened bones, increased risk of bone fractures
- Death

The resident's individualized plan of care should specify:

- Resident's medical condition(s)
- Treatment options
- Consequences of refusing treatment
- Other alternatives offered if resident refuses care/treatment
- Efforts/measures in place to prevent or reduce pain
- Expected outcomes
- Resident goals
- Resident/representative/guardian concerns
- Plan for hydration and nutrition needs/restrictions

Additional Comments:

NAME–Last	First	Middle	Attending Physician	Record No.	Room/Bed

ACKNOWLEDGEMENT OF RECEIPT OF CHRONIC RENAL FAILURE DISCLOSURE

I, _____, acknowledge that I have received and reviewed a copy of
(Resident/Resident Representative/Guardian)

_____ Chronic Renal Failure Disclosure which summarizes the clinical
(Facility Name)

symptoms a resident diagnosed with Chronic Renal Failure disease may exhibit. Residents diagnosed with Chronic Renal Failure disease may suffer from complications/adverse events, symptoms/outcomes that are a result of the progression of the disease.

The Resident/Resident Representative/Guardian acknowledges that complications/adverse effects may occur as a result of the disease process.

This facility recognizes the relationship between the Resident and the Resident Representative/Guardian is a critical element in identifying all of the resident's care needs. The facility staff and physician requests that the Resident/Resident Representative/Guardian report all information regarding changes listed as clinical symptoms, complications or changes in the resident's usual behavior or status to the facility immediately.

I understand the facility will review this information with _____ when there
(Resident/Resident Representative/Guardian)

is a significant change of the resident's condition, quarterly and when requested by the Resident/Resident Representative/Guardian or Facility as a necessary part of the plan of care for the resident.

By signing, the Resident, Resident Representative/Guardian acknowledges the clinical symptoms and complications/risks associated with chronic renal failure as well as the importance of participation in the overall plan of care for this resident.

ACKNOWLEDGEMENT SIGNATURES

_____ _____
Resident/Resident Representative/Guardian Date Signed

If signed by Resident Representative/Guardian, complete the following:

Print Name_____ Relationship_____

Person completing this form:_____ _____
Signature and Title Date Signed

Witness signature:_____ _____
Date Signed

NAME–Last	First	Middle	Attending Physician	Record No.	Room/Bed