ASSESSMENT OF KNOWLEDGE, PERFORMANCE AND ATTITUDE OF NURSING STAFF IN HEMODIALYSIS CENTER

THESIS

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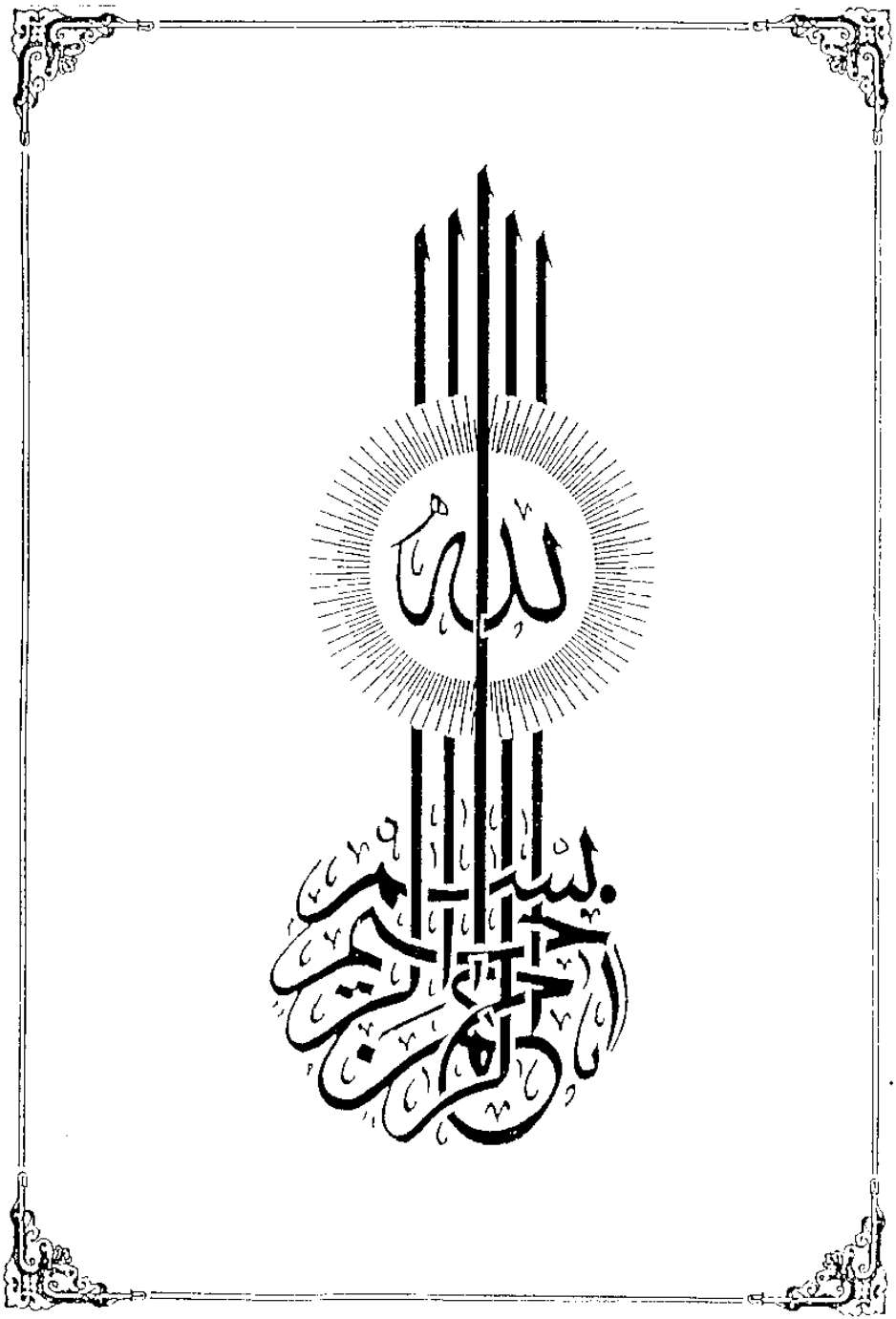
بسم الله الرحمن الرحيم



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Hanan Sobeh

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DEDICATION

To my Father
To my Mother
To my Husband
To Alliaa

CONTENTS:

List of Tables

List of Figures

Abbreviations:

H.D.:	Hemodialysis
P.D.:	Peritoneal dialysis
ESRD:	End-stage renal disease
ARF:	Acute renal failure
CRF :	Chronic renal failure
BUN:	Blood urea nitrogen
A.V. Shunt:	Arterio venous Fistula
A.V. Fistula:	Arterio venous Fistula
DDS:	Dialysis Disequilibrium syndrome
CAVH:	Continuous arterio venous hemofiltration
AIDS:	Acquired Immune deficiency syndrome
P.P.G.:	Posterior pituitary gland
A.D.H.:	Antidiuretic Hormone
GFR:	Glomerular filtration rate
CBC:	Complete Blood Count
CRD:	Chronic renal disease
CHF:	Chronic Heart failure

INTRODUCTION AND AIM OF THE WORK

Renal failure is an increasing problem almost allover the world. In Egypt, the number of ESRD patients on regular dialysis was around 12,000 at the end of 1993 as reported by ministry of health.

Seif (1981) attributed the increased number of ESRD patients in Egypt to the wide prevalence of schistosomiasis. This may cast some light show on renal disease and renal failure. The same case as in uncontrolled drug administration.

Seif (1981) mentioned in his study that many patients with irreversible renal failure are being kept alive with the aid of maintenance dialysis carried out all along the year. So, the kidney of patient developing CRF is no longer doomed to death, thanks to the different new methods of diagnosis and to the improvements of the different dialysis techniques. The main causes of CRF in Egypt is obstructive uropathy. This may be due to infection with schistosomiasis which constitutes a major cause of urinary tract obstruction.

Hemodialysis is usually carried out by a team of physicians, nurses and technicians. The nurse in her close relationship with the patients is an a position which makes her fully responsible for his care ***(El-Senousy, 1984)***.

Aim of the study:

The aim of the study is to assess knowledge, performance and attitude of the nursing staff in hemodialysis center.

REVIEW OF LITERATURE

Anatomy and Physiology of the Kidney:

The kidneys lie on the posterior abdominal wall one on each side of the vertebral column, behind the peritoneum and below the diaphragm. They extended from the level of the 12 th thoracic vertebra to the 3rd lumber vertebra. The blood supply of the kidneys is relatively large and amount to about one quarter of the cardiac out put at rest 1300ml per minute rather than each kidney measures 10-13 cm in length, 6 cm and 2.5 cm in thickness. And an adult kidney weight about 140 grams and are bean shaped organ ***(Wilson 1990 and Weaver 1991)***.

Guyton (1991) and Phipps et al. (1991) reported that the minute structure of the kidney is composed of number of nephrone approximately one millions nephrons in each kidney. The nephron is described in three parts the proximal convoluted tubule, the loop of henle and the distal convoluted tubule leading into a collecting tubule. Renal blood vessels divided into afferent and efferent arterioles the afferent arterioles which give rise to the glomerular capillaries arise from branches of the renal artery rather than the capillaries unit emerging from the glomeruli to form efferent arterioles.

Guyton (1991) and Phipps et al. (1991) added that the efferent and afferent arterioles to supply blood to the proximal and distal convoluted tubules surrounding the glomeruli and the medulla is supplied by arterioles which arise from those glomeruli situated in the deeper regions of the cortex. For a short distance the afferent arterioles and distal convoluted tubules are in contact by the tubular cells it is become tall and columnar in character forming the macula dense rather than the wall of the arterioles is thickened by cells which contain large secretory granules.

Guyton (1991) added that these structure together constitute the juxta glomerular apparatus which is intimately concerned in the regulation of the volume of extra cellular fluids and blood pressure. The hydrostatic pressure within the glomerular capillaries of about 45 mmHg results in the filtration of fluid from the plasma into bowman capsule rather than this fluid is plasma except that it normally contains no fat and very little protein and the filtrate thus formed than flows through the various parts of tubule and is modified according to the body needs.