Children and Adolescents in the Adult Dialysis Unit: Psychosocial Issues

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Psychosocial Effects of Kidney Failure in Children

- Development
- Family issues
- Peer pressure
- Short stature
- Restrictions
- Education / Habilitation

- Ethical considerations
- Negligence and custody
- Increased risk factors
- Hemodialysis Issues
- Peritoneal Dialysis Training
Development

- Infant (birth-1 year)
  - Separation during hospitalization/procedures
  - Excessive emphasis on feedings

- Toddler (1-3 years)
  - Can’t understand
  - Painful procedures
  - Autonomy vs. Dependency
  - Exerts will power
Development, cont’d.

• Pre School (3-5 years)
  • Confidence vs. guilt
  • Fear of punishment

• School Age (6-12 years)
  • Confidence, meeting expectations
  • Mastery of fate and body functions
  • Body image!!!
  • Decreased socialization and physical activity
Development, cont’d.

- Adolescent (13-18+ years?)
  - Sense of self
  - Devotion and fidelity
  - Most vulnerable period
  - Peer pressure!!!
  - Highest rate of noncompliance

- JCAOH “Age Specific Competency”
Family Issues

- Interferes with daily activities/schedules
- Power struggles with food/meals/restrictions
- Financial stress (transportation/employment)
- Marital stress
- Parent support groups, camaraderie
- Genetic counseling for inherited diseases
Peer Pressure

- Fluids and diet - “Super-size fries and large cola”
- Smoking and substance abuse
- Sex education
- “Fitting in”
Short Stature

- #1 problem perceived by the pre-rGH patients (1994)
- Influences others’ treatment of patients
Restrictions

- Diet
- Fluids
- Multiple medications
Restrictions, cont’d.

- Confinement during treatment time (HD/CCPD)
- Physical limitations (bone deformities, PE class, swimming)
- Unintentional (over protection by family, staff, teachers)
Education / Habilitation

- School absences
- Communication with school RN
- Hospital education services
- Homebound teaching
- HS Graduation vs. GED
- College / Dorm life (with kidney failure!)
- Kidney Camps focus on self esteem
Ethical Issues

- Child vs. Parents vs. Healthcare team
- Treatment modality choices - Teen must “buy in”
- Limited access sites / No treatment?
- Child’s right to refuse dialysis?
Negligence and Custody

• Parents’ abilities to provide care
• Filing with DCFS or authorities for child protection
• Consents for treatment, procedures, and information
Increased Risk Factors

- Poor family support / function
- Vulnerable personalities prior to CKD
- Complex medical course (SLE, CF, pancreatitis)
- Reaching CKD stage 5 during adolescence
Hemodialysis Treatment

- Fear / Pain with venipuncture
- EMLA cream
- Ethyl chloride anesthetic cold spray
- Hand holding or security object
- Anxiety with CVC dressing change
Hemodialysis Treatment, cont’d.

- Confined to chair
- Diversionary activities (age-appropriate TV, videos...)
- School absences
- Interference with social activities
- Accompanied to center by parent or adult?
  - Keep parent with the child during treatment?
  - Separate parent and child during treatment?
Hemodialysis Complications

• Young children cannot communicate when something is wrong

• Restlessness may be indication of treatment complication, or boredom?

• Observe for change in child’s behavior and provide appropriate interventions (usually fluid related)
Peritoneal Dialysis Training

• Assess maturity and skill level of child or teen

• Determine roles for parent and adolescent
  • These will often change over time

• Child often appears “smarter” than parent during training

• Find a step for child to assist
Questions???

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