

Case study

Case Report on Chronic Renal Failure in Adults

Abstract

Introduction: CRF is either the presence of kidney damage for 3 months or longer. Kidney damage is defined as either pathologic abnormalities or markers of damage including abnormalities in blood or urine test or imaging studies.

Main Symptoms of CRF: The main signs and symptoms-Fever/cough/cold/abdominal pain/vomiting/loose stool/edema/giddiness/back pain.

Diagnostic evaluation: blood test: Hb-6.5gm%, total RBC count-3.5million/cu mm, HCT-28.4%, total WBC count-9.6/cu mm. monocytes-03%, granulocytes-85%, lymphocytes-10%,calcium-9.1mg/day, creatinine-urine test-71.8mg/dl, KFT- urea-111mg/dl, cretinine14.0, sodium 134mmol/l, potassium-6.5(pl. repeat), magnesium-2.4mmol/l, phosphorus-7.3mmol/l, RBS glucose-plasma random -222mmhg, uric acid -8.1mg/dl, urinary protein-905mg/dl, bloodpressure-140/90mmhg.

Therapeutic interventions: inj. Levofloxacin 500mg IV OD, inj. cry 1gm IV BD X 5days, inj. Pan 40mg IV OD, inj. Emset 4mg IV OD, inj. Insulin m(30/70) 18u(BFF)-0-12u(BD) inj. EPO 10000 IU SC post dialysis once per week, tab. Picardie 20mg TDS, tab. Febuxostat 40mg OD, tab. Shelcal 500mg OD, tab. autrin OD, tab. Sevelamer 400mg BD, tab. Envas 5mg HS, tab.met XL 25mg OD.

Outcome: after treatment, the adult show improvement. His abdominal pain were relieved and his diabetes and hypertension were in control.

Causes: Due to some disease of infection the kidney can't do its works properly, the main cause of chronic renal failure , High blood pressure Blocked urinary tract .

Conclusion: My patient was a known case of chronic renal failure and he had complaint of irritation abdominal pain, back pain, giddiness. After getting proper treatment his condition was better than previous condition.

Keywords: chronic renal failure, hypertension, giddiness, diabetes

Introduction:

This number represents an increase of 10 million people since 2002. The proportion of the population with two or more chronic conditions increased from 24% to 28% in that same time period.(1) The percentage of people with five or more chronic conditions has also increased.(2)

The kidneys filter waste and excess fluid from the blood. As kidneys fail, waste builds up. Symptoms develop slowly and aren't specific to the disease. Some people have no symptoms at all and are diagnosed by a lab test. Medication helps manage symptoms. In later stages, filtering the blood with a machine (dialysis) or a transplant may be required.(3)

Oral health status is often a neglected aspect in CRF patients. It should be given prime importance for CRF patients receiving HD to improve the quality of life.(4)

Patient identification: A male patient from Wardha was admitted to male medicine ward on 13th of February 2020 with chief complaint of abdominal pain, fever, cough, with a known case of chronic renal failure. He is 62kg and his height is 182cm.

Present medical history: He is a known case of chronic renal failure with diabetes mellitus, hypertension, the male was inactive on admission.

Past medical history: My patient was diagnosed to have apparently alright 6 months back he started complaining of back pain and has complain of gastritis since 2-3 months and has giddiness since 2 weeks, **diabetes mellitus type-1 since 15years, hypertension since 3 weeks**, no history of cold/cough/fever, no history of loose of stool, abdominal pain, vomiting, no history of pedal edema, no history of back pain no history of TB and HIV aids.

Family history: There are four members in the family. My patient was diagnosed to have chronic renal failure with diabetes mellitus and hypertension. His parents were not diagnosed to be carrier of diabetes mellitus and hypertension. Type of marriage of the parents is non – consanguineous marriage. All there members of the family were not having complaints in their health except for my patient who was being admitted in the hospital.

Past interventions and outcome: My patient was diagnosed with diabetes mellitus type-1 when he was of 10 years of old, from that time onwards he was he was taking his medications and due to this disease he got **diagnosed chronic renal failure** and the he was admitted to hospital time to time for treatment of the disease mostly hemodialysis. It was found effective as the patient does not develop complications till then.

Clinical finding: fatigue, ammonia-smelling breath, foamy urine, difficulty urinating or frequent urination.

Etiology: here are some causes chronic kidney disease include:

- Type 1 or type 2 diabetes.
- High blood pressure.
- Glomerulonephritis
- Blocked urinary tract
- Polycystic kidney

Physical examination: there is not much abnormality found in head to toe examination. My patient is lead and thin and having dull look. He is weak and well cooperative. Though it is found that he chest inspection(ribcage for symmetry-symmetrical, movement-normal, sternorib joint skin integrity-maintained), palpation (to aid fremitus-normal), auscultation (respiratory tube-normal, heart rate-normal, breath sound-normal), percussion (pleural effusion-normal, pneumothorax-normal), abdomen (inspection-scar and patches are absent), palpation (abnormal masses are absent), auscultation (normal sound heart), percussion (gas and fluid collection are absent).

Diagnostic assessment: blood test-Hb% 11.1gm%, total RBC count4.06millions/cu.mm, total WBC count 7500cu.mm, RDW13.2%, monocytes03%, granulocytes65%, lymphocytes30%, total platelet count2.56lacs/cu.mm, KFT (urine105mg/dl, creatinine11.6mg/dl, sodium134mmol/l, potassium4.5mmol/l), LFT(ALT(SGPT)29U/L, AST(SGOT)30U/L, albumin3.0g/dL, total bilirubin0.8mg/dl), phosphorus7.3mg/dl.

Therapeutic intervention: inj. Levoflox 500 mg IV OD(a/d) x days, inj. Ctri gm IV BD x 6 days, inj. Pan 40 mg IV OD, inj. Emset 4mg IV TDS, inj. Insulin m (30/70)18u (BFF)-0-12u(BD), inj. Epo 10000 iu sc post dialysis once a week, tab nocardio 20 mg TDS, tab febuxostat 40 mg OD, tab shelcal 500 mg OD, tab, tab. Autrin OD, tab. Sevelamer 400 mg BD, tab. Envas 5 mg HS, tab.met xl 25 mg OD 1-0-0.

NURSING MANEGMENT:

- Assessing intake and output chart
- Inviting a patient in dietary program
- Give explanation and information to the patient and family.
- Provide emotional support to the patient and family.

Discussion: a male was admitted to male medicine ward no. 24, AVBRH ruler hospital on 13th of February 2021 with the chief complaint of abdominal pain, fever, cough, giddiness. And Hb% less than normal level. H is known case of diabetes mellitus, hypertension which was diagnosed when he was since 15 years and 3 weeks. After some tests related to kidney disease like KFT and LFT he diagnosed chronic renal failure. As soon as he was admitted to hospital investigations were done and appropriate treatment were started. After getting treatment, he shows great improvement and the treatment was still going on till my last date of care. Patient's data was collected in a profile from and the details were saved confidentially. The patient was diagnosed with chronic renal failure with diabetes and hypertension and the treatment was given.

Nursing Care Of Chronic Patient: Nursing care of patients with chronic kidney disease including two types of care are direct care or supportive care. In Direct care clinic or physician office are include depending upon patients condition. In direct care physician assess physical condition , provide primary care to patient at home or supportive care include counseling , provide guidance to patient to overcome the problem .(5)

Some nursing process include assessment , implementation, diagnosis and evaluation..

Step1:- identifying specific problems

Step2:- establishing goals

Step3:- defining the plan of action to achieve desired outcomes.

Step4:- implementing the plan and intervention.

Step5:- following up and evaluating outcomes.(6)

Conclusion: chronic renal failure is the most common case found in adults and in old age people, it is very important to diagnose in early stage so that the child will not develop complications from the disease. It is relatable disease if a person having diabetes mellitus type-1, with hypertension, at the early stage of age then the

person is having the high risk of having this disease. It is also very important to take preventive measures like KFT and LFT test complete blood count test urine test, it helps to diagnosed it earlier is very important. My patient shows great improvement.

COMPETING INTERESTS DISCLAIMER:

Authors have declared that no competing interests exist. The products used for this research are commonly and predominantly use products in our area of research and country. There is absolutely no conflict of interest between the authors and producers of the products because we do not intend to use these products as an avenue for any litigation but for the advancement of knowledge. Also, the research was not funded by the producing company rather it was funded by personal efforts of the authors.

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