**Assessment of Home Self Care for Patient with Renal Failure Undergoing Hemodialysis**

**\*Prof. Dr. Abd El-Rahim S. Shoulah, \*\*Dr. Howyida S. Abd El-Hameed, \*\*\*Dr. Ebtisam M. Abd EL-Aal and \*\*\*\* Jehan B. Salem**

\*Professor of Community Medicine, Dean of Faculty of Nursing, Benha University \*\*Assistant Professor of Community Health Nursing, \*\*\* Lecturer of Community Health Nursing, Faculty of Nursing, Benha Uuniversity \*\*\*\*B.Sc.Nursing Faculty of Nursing, Benha University

**Introduction**

Self-care is the control of one's own care for the purposes of health, the person being able to decide how and what action needed to be taken and by whom, in order to sustain his/her care/treatment. Self-care is the persons’ choices and actions they are taking to maintain health and well being ***(Department of Health, 2003; Linda & Barbara, 2009).***

Self-care can be given in a number of ways, by the patients and their families, friends, formal and informal care and relation to community groups. Self-care is the activity that individuals are being involved in, finding effective ways to deal with their identified problems and enable them to achieve their goals ***(Linda & Barbara, 2009).***

Renal failure (RF) is a condition in which the kidneys are unable to remove accumulated metabolites from the blood, leading to altered fluid, electrolytes, and acid base balance; it can be acute or chronic. Acute renal failure (ARF) has an abrupt onset and with prompt intervention is often reversible, while chronic renal failure (CRF) is a silent disease, developing slowly and insidiously, with few symptoms until the kidneys are severely damaged and unable to meet the excretory needs of the body ***(Lemone & Burke, 2004).***

Hemodialysis is a process used for patients who are acutely ill and require short-term dialysis (days to weeks) or for patients with end stage renal disease who require long term therapy. It is a removal of waste products during a limited period of time 3-4 hours, during which usually 2-4 liters of fluid overload is removed ***(Smeltzer & Bare, 2004).***

The application of hemodialysis for patients with end stage renal disease (ESRD) is usually associated with complications, which arise during long-term hemodialysis as anemia, bone disease and peripheral neuropathy. There are also complications encountered during hemodialysis setting as; hypotension,chest pain, dyspnea, nausea and vomiting and bleeding; also vascular complications as inflammation and occlusion of fistula ***( Maya & Allon, 2008).***

Hemodialysis patients require special self-care because of characteristics of the long-term nature of illness and its treatment which tends to be complex and multidimensional. Chronically ill persons need to incorporate the appropriate health/illness behaviors into their daily lives ***(Verreli, 2004).*** The patients with ESRD undergoing hemodialysis therapy had restricting fluid, taking medications and special food, monitoring sign of fluid overload and complications, as well as changing their lifestyles.

Patients need to be aware of appropriate diet modifications, steps to preserve access function, signs and symptoms of infection, appropriate fluid volume allowed daily, and signs to report to the nephrology health care team ***(Roberta et al., 2006).***

Nurses can direct resources to areas where improvement may be required. ***(Suet- Ching, 2001***). Nurses should be identifying and exploring the patients’ information about disease and treatment regimen, their needs in order to help them maintain an effective self care practices and reach maximum level of quality of life. This information may affect their self care practices, and reduce exposure to hemodialysis complications ***(Roberta et al., 2006).***

**Significance of the Study**

Renal failure is not only a clinical concern, but also, a growing economic problem. Recently, ESRD has received increased attention as a public health problem; this is due to the out increasing numbers of patients attending RF therapy ***(Abd El-Azeem, 2008).***

Most of patients (99.9%) with ESRD are treated by hemodialysis, while only 0.1% of patients with ESRD are treated by peritoneal dialysis. The number of patients with ESRD on regular hemodialysis increases by 10% every year. In the year 2004, it was 33,000, while it became 39,600 patients at the end of year 2006 ***(Afifi & Karim, 2006).***

In Egypt, each year, over 117 patients per million attend hemodialysis units, and it is considered as a national problem and it has several effects on the patients and the community such as economic, social and psychological impacts. The estimated number of patients with ESRD in Egypt was about 18.000 at year 2000 and 28.212 at the end of 2003 ***(Farage, 2005).***

The mortality of hemodialysis patients in Egypt is approximately 25-30% annually. Ischemic heart disease and infections are the leading causes of death amongst these patients. ***(Afifi & Karim, 2006)***.

**Aim of the Study**

The study aimed to assess home self-care for patient with renal failure through:

1. Assessing patient’s knowledge and home self care practices regarding renal failure.
2. Identifying the patient’s attitude regarding renal failure.

**Research** **questions**:

1. Is the patient having enough knowledge and self care practices regarding renal failure?

2. Is there a relation between patients’ knowledge at home with their socio-demographic characteristics?

3. Is there a relation between patients’ self-care practices at home with their socio-demographic characteristics?