



**Managing Renal Failure with Peritoneal Dialysis:
A Nursing Perspective on Shomari's Case**

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Course Full Title

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Due date

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Summary of Peritoneal Dialysis Article

According to the article, Peritoneal Dialysis (PD) is a form of renal replacement therapy for End-stage renal disease (ESRD) patients. This approach involves injecting a sterile solution via a catheter into the peritoneal cavities, with the peritoneal membranes serving as the exchange surface. This sugar-based solution is an osmotic agent that promotes solute movement and ultrafiltration. It is possible to administer PD manually as continuous ambulatory PD or via machines as automated PD (Andreoli & Tótoli, 2020). They are the solution changes, and the patient or caregiver performs them. This is more independent than hemodialysis. The patient-on-dialysis technique preserves the remaining kidney functions and permits a freer diet. The types of PD solutions differ in terms of glucose concentration and concentration. The solutions are introduced into the peritoneal cavity through Tenckhoff catheters. For instance, long-term ultrafiltration cases require alternative osmotic agents like icodextrin.

Implications for Nursing Practice in Shomari's Case

In this scenario, Nurses are crucial in the management of Shomari's case, who is a 57-year-old with diabetes, hypertension, and renal failure. This includes assessment of vital signs, fluid balance, and symptoms of fluid overload as the first steps in evaluating the deterioration of renal function. Peritoneal dialysis (PD) education is essential: Shomari and his family should be educated on the process, including asepsis and regular dialysis fluid replacement. Therefore, when selecting PD, nurses should be ready for Shomari with catheter placement, focusing on postoperative care and infection control. As concerns dietary control, it is worth noting that customized counseling should factor in his diabetes-prone state as well as the "liberal" approach of PD to dieting (Andreoli & Tótoli, 2020). However, continuous monitoring for such complications as peritonitis, infection, and imbalanced glucose levels, particularly in specific dialysis solutions, is critical. This fact is essential due to Shomari's living in solitude and due to the self-management of PD requiring psychosocial support. Working together with other members of the healthcare team, nurses should offer comprehensive care that includes medication adjustments and preparations for kidney transplants while managing complex health problems. Therefore, Shomari's case requires an all-inclusive approach to nursing care involving accurate evaluation, patient education,

preparation for possible preeclampsia, dietary management, close monitoring for complications, psychosocial assistance, and collaborative care.



Reference

Andreoli, M. C. C., & Tótoli, C. (2020). Peritoneal dialysis. Revista Da Associacao Medica Brasileira, 66(suppl 1), s37–s44. <https://doi.org/10.1590/1806-9282.66.s1.37>

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