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## **Applying Share Decision Making Program to Reduce Emergent Dialysis Using Temporary Catheter**

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**Objectives:** When patients entering chronic kidney disease (CKD) stage 5, defined by estimated glomerular filtration rate (eGFR) less than 15 ml/min/1.73m<sup>2</sup>, renal replacement therapy (RRT) was introduced and vascular access was suggested to place in advance. However, still many CKD patients did not accept vascular access placement when uremic symptoms develop and emergent dialysis was performed via temporary double-lumen catheter(TDLC).

**Methods:** A sharing decision making (SDM) program was launched for patients who entered CKD stage 5. A QR code was generated to collect individual basic information, to provide health education program for RRT choice and to evaluate the patient's decision-making results. Other applications included setting checklists for patients and nurse educators, placing slogans in outpatient clinics to remind team members to initiate SDM as standard process, digitalizing health education sheets and presenting by cellphones or tablets, and monitoring the utilization of TDLC every month.

**Results:** In 2022, the activation rate of SDM program reach to 76.7%. A total of 164 patients entered hemodialysis, from which 75 cases received TDLC. The rate of TDLC use declined from 52.0 % to 36.6% from the first quarter to the fourth quarter.

**Conclusions:** The share decision making program successfully avoided emergent dialysis and reduced the use of temporary double-lumen catheter.

Figure 1. Strategies of Share Decision Making