

ABSTRACT

Background: Caring for dialyzed patients is demanding from several perspectives. As far as the patient is concerned, a psyche plays a big role here. Although it is a rule that patients are detailed to the hemodialysis program, some patients will not be mentally prepared for hemodialysis treatment and worsening their health condition. Some patients are mistaken with the fact that dialysis is now part of their life. A large number of patients initially have plenty of myths and misinformation about dialysis and are therefore stressed and scared at the first dialysis session. They are afraid of pain, they may be afraid of needles, and they are afraid of what is going to happen. One of the tasks of a nurse is to identify and adequately communicate with these patients, as this avoids many problems, and the patient is more likely to cope with his illness and realizes that even though their lifestyle has changed, they can still live high-quality and satisfying life.

Methodology: A case study, a case study of a patient who was chosen by deliberate, purposeful selection, was used to prepare the final bachelor thesis, as this patient represents research issues, first of all inadequate education and psychological stress associated with chronic renal failure. The aim of the research was to describe and evaluate real clinical nursing care and, in the case of detection of insufficient education in a certain area, creation of auxiliary educational material.

Results: From the clinical part of the final bachelor thesis it is evident that there is not enough time and space for detailed education in patients with rapid seizure in the nephrology clinic. I consider the biggest problem not only inadequate education but also the absence of professional psychological care to relieve patients of the illness. Education in these patients is therefore addressed with too much information within a few days, which patients who have no chance of living with their illness do not see what they expect.

Conclusion and recommendations: The clinical part also implies the need to extend the nutrition counseling materials. The dietary change page affects patients and their families and, surprisingly, it is one of the most difficult lifestyle changes. As a practice recommendation, I would like to suggest that a nutritional therapist or nutritional nurse be employed to help patients and their families and help with compiling up-to-date meals. Another suggested application is at least an external psychologist or psychiatrist to help patients overcome fear, anger, hopelessness, and help patients recover mental well-being.

keywords: hemodialysis, chronic renal failure, quality of a life of a dialyzed patient, diet of a dialyzed patient, nursing care