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P110 -The sedentary practices of renal patients – an observational study of behaviour on an acute renal ward.

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Physical activity, cardiorespiratory fitness, and muscle mass decrease even in the early stages of chronic kidney disease (CKD), and continue to decrease with disease progression (Zelle et al 2017). Physiotherapists (PT) and occupational therapists (OT), as part of the multidisciplinary team, working together on the ward play an important role in improving patient's function and enable independent living. Patients are screened for OT and PT input by reviewing the patient's admission history, repositioning chart and patient handling assessment form (PHAF). Anecdotally it had been observed that on admission, patients who were mobile, rapidly adopted a sedentary lifestyle, succumbing to "PJparalysis". The question arose as to how many patients were not participating in activities of daily living (ADL) while an inpatient, and how patient engagement could be raised.

An audit was carried out on an acute renal ward to assess the percentage of patients who were leaving their beds to perform their ADL. The audit was completed over a four week period, at lunchtime on Monday through Friday. At 12pm, during protected meal time, a member of the therapies team recorded what percentage of patients were out of their bed to eat their meal. This approach was used as it was deemed "normal behaviour" for an individual to be out of bed when eating lunch. This was documented as a simple yes or no and the information was compiled on a spreadsheet. Patients who were off the ward at that time were excluded.

Results indicated 40% of patients were getting out of bed during lunchtime. This prompted 3 actions; posters were placed on the ward highlighting the importance of mobilising, distance markers were placed on the walls of the ward to inform patients how far they had walked and education sessions were provided for nursing staff, to highlight the importance of patients mobilising. A follow-up study was completed six months later over a two week period. This indicated no improvement in compliance from the initial survey.

Education of staff and information posters are not sufficient to reduce sedentary behaviours of patients on our renal ward. PTs and OTs play an important role in providing advice and equipment for patients to maintain or improve their daily activity. Following these results, a patient information leaflet is being prepared for provision on admission. The leaflet will outline the role of PT and OT in helping renal patients to maintain independence, health and function and the importance of exercise in maintaining or improving patient outcome. Concurrently it is hoped that this initiative will also assist a speedier return of the patient to the community, and reduce time spent in the acute setting. A patient questionnaire will be included to assess patient's normal activity levels and which will provide a baseline marker of patient activity prior to admission. It is envisaged that future research will focus on the use of pedometers to assess patient activity on dialysis and non-dialysis days.