

require a second or third transplant. Successful kidney transplantation does improve rehabilitation of children with CKD, both educationally and psychologically. Increasing use of primary or preemptive kidney transplants is becoming the optimal form of renal replacement therapy, leading to substantial improvement in quality of life (Goldstein, Rosburg, Warady, et al, 2009).

Quality Patient Outcomes: Chronic Kidney Disease

- Sufficient calories and protein for growth maintained
- Excretory demands made on the kidney are limited
- Metabolic bone disease (osteodystrophy) minimal
- Fluid and electrolyte disturbances managed
- Hypertension managed
- Growth retardation treated

Nursing Care Management

The multiple complications of ESRD are managed according to medical protocols, such as the National Kidney Foundation Kidney Disease Outcomes Quality Initiative's evidence-based clinical practice guidelines (<http://www.kidney.org/professionals/KDOQI>). However, progressive disease places a number of stresses on the child and family, including those of a potentially fatal illness (see Chapter 17). There is a continuing need for repeated examinations that often entail painful procedures, side effects, and frequent hospitalizations. Diet therapy becomes progressively more restricted and intense, and the child is required to take a variety of medications. Ever present in all aspects of the treatment regimen is the realization that without treatment, death is inevitable.

Some specific stresses related to ESRD and its treatment are predictable. When it first becomes apparent that ESRD is inevitable, both parents and child experience depression and anxiety. Acceptance is particularly difficult if renal failure progresses