

Chronic Kidney Disease: A Case Report

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Abstract

Chronic kidney disease can occur in mostly those patient which having a history of hypertension and diabetes, this disease also known as a chronic renal failure. In this disease condition kidney can decreasing the rate of filtration or kidney function since month or a year. In the beginning period of Chronic Kidney Disease the person not showing any sign and symptoms about disease condition, after the months and year patient showing symptoms like nausea, vomiting, lethargy edema, confusion and loss of appetite. If the early detection and treatment is not getting so the patient can goes in complication such as heart disease, hypertension, bone disease and anemia.¹ **Case Report:** The female patient name is Rashida khan 63 year old religion by Muslim lived in the yawatmal. She was admitted in the AVBRH with the chief complaint of breathing difficulty, fever, nausea and vomiting, swelling on both legs, lethargy weakness since 10 days. She having a history of HTN since 5 year and freshly diagnosed as DM2. **Conclusion: This case presented** how the prolong history of HTN which is uncontrollable causing the DM2 and it can leads to CKD. The firstly clinical presentation of the patient providing information about the history of HTN and DM2 and the laboratory studies suggested a reducing function of kidney. So the patient sign, symptoms and the laboratory values showing the condition of patient kidney with increasing volume of kidney, breathing difficulty, moderate anemia and uremia. Early detection of the HTN and DM2 and their management in early stage, also the modification in lifestyle and diet can help to reduce the chances of occurring Chronic Kidney Disease. Patient also have to complete the given treatment and counseling about the disease condition, and the problem get solved by taking proper treatment.

Key word: chronic kidney disease, Diabetes Mellitus type 2, Hypertension.

Introduction

Chronic kidney disease can occur in mostly those patient which having a history of hypertension and diabetes, this disease also known as a chronic renal failure. In this disease condition kidney can decreasing the rate of filtration or kidney function since month or a year.¹ In the beginning period of Chronic Kidney Disease the person not showing any sign and symptoms about disease condition, after the months and year patient showing symptoms like nausea, vomiting, lethargy edema, confusion and loss of appetite.² If the early detection and treatment is not getting so the patient can goes in complication such as heart disease, hypertension, bone disease and anemia. If there is not given proper treatment for the Chronic Kidney Disease so it leads to total damage of the kidney.³ As ageing

the person get older the chances of kidney diseases is increased and it very common in elder people. The prevalence shows the disease can occur in one men in five men and one women in four women, and mostly occur in age between 65 to 74 years.⁴

Hypertension, chronic diseases and diabetes mellitus 2 that is the main cause behind the occurrence of Chronic Kidney Disease

The high prevalence of hypertension in such countries like African and Diabetes Mellitus mostly seen in the South Asian People that is the main reason behind the Chronic Kidney Disease. This condition most commonly seen in the Pakistan, India, Bangladesh and people belong to the black population.⁵

Treatments may include: Symptomatic treatment like if the person suffering from high blood pressure and DM2 so the providing the antihypertensive medicine and insulin therapy to reducing the complication and deal with Chronic Renal Failure to help in preserving the function of the kidney.⁶ treatment for the chronic renal failure depend on the degree of kidney damage if the kidney in their third degree and more than that so dialysis are the best treatment for preserving the kidney function but when the kidney not showing any response on dialysis so we consider that kidney in very poor condition that time only option that in kidney transplantation. In kidney transplant the receiver get the healthy kidney from the donor into patient body, this kidney can take by living or brain dead donor.⁷

Case History

Female patient name is Rashida khan 63 year old religion by Muslim lived in the yawatmal. She is a house wife but she used to do work in her own farm and lived in joined family her husband and son is the breadwinner of the family, rashida done her education in class 8Th and her monthly family income is around 8000 per month. The source of health care that is government hospital in yawatmal.

She was admitted in the AVBRH with the chief complaint of breathing difficulty, uremia, fever, nausea and vomiting, swelling on both legs, lethargy weakness since 10 days before she came to the hospital she is admitted in yawatmal, she can suddenly unconscious in the house so her relative take her in yawatmal hospital then doctor freshly diagnose as aDM 2 and she also having the past history of HTN. She doesn't have any other medical history in past and she done her family planning (tubal ligation) other than she not having any type of surgical history.

Nursing Assessment

In physical examination the patient showing a poor condition, presence of distress, undernourished, body build thin, activity is dull, conscious and oriented to things. Showing vitals like heart rate of 94 beats per minute, breathing rate of 16 breaths per minute, saturation of 96%, blood pressure that is increase, 140/90 mmHg and she having a fever- 100 F and her body is warm. She having pain in both the lower leg, swelling present on

both leg, she had a hemodialysis catheter present over neck. The other physical examination not showing any abnormalities.

Thesome raising and decrease laboratory finding showing below:

- HB%- 10.0 g/dl
- WBC- 15000cu/mm
- Blood Urea – 56.0mgdl
- Bun-26.17 mg/dl
- Creatinine- 5.0 mg/dl
- Sodium – 132 mmo/l
- Potassium – 4.0 mmo/l

D	R	U	G	S	:
Pantoprazole		40mg-			IV-OD
Piperacillin /tazobactam		4.5g	- IV	-	BID
Furosemide	-	50mg	-IV		-TID
Ondansetron	-	4g-		IV	-BD
Insulin	-		15mg		P/O -BD
Cyanocobalamin	-	1amp		IV	-OD
Nitrofurantoin	-	100mg		P/O	-BD

Hemodialysis: she started her heamodialysis cycle as came to hospital,

Discussion

Present case report showing that the patient those having the history HTN and it could not control because of not aware about disease condition, adherence of medication, not control over diet and sedentary life style which lead to the DM 2 and this Chronic Kidney Disease of the patient. Then treatment include the drug therapies, control sign and symptoms, Hemodialysis, kidney transplant, patient counseling, prevent complication, life style modification and taking regular follow up. With the help of drug patient need to hemodialysis for recovering the condition of kidney and managing the sigh and symptoms in this disease condition, also reducing the complication which may lead to further. There is need to patient education about her condition and treatment modalities.

All over the world the people present with some degree of kidney disease that is 1 in 10 people. The CKD can develop mostly in elder people but it can develop at any age and there so many condition leads to develop CKD. It can be very common with people increasing their age, nearby 1 % function of the kidney can affect by the age over the 40 year. Such as condition like hypertension, diabetes mellitus type 2, heart diseases can start affecting on the kidney after ageing as compare to young people. In developing countries over the 600 million population they do not afford the surgeries like renal replacement so it can be leads to increase the mortality rate in kidney patients. Although 80 % of people who get the renal replacement therapy can be alive in some developed countries. As we see in our country there is less than 10 % of people we get to need the renal replacement therapy and they live with the get new kidney, the WKD can spreading message about the importance of the health of kidney.⁸

Studies shown that there is the one in five men and one in four women that age of 65-75 year, the elder people come in risk factor to getting the kidney injury as compare to younger people. The health of kidney is very necessary because if the kidney is damaged so it can lead to heart attack, stroke and other life threatening condition. In treatment of CKD some cases are required dialysis and renal replacement therapy. The reducing the risk factor and life modification and early detection and treatment that is the way to reducing the mortality and morbidity rate in kidney diseases.

Conclusion

This case presented how the prolong history of HTN which is uncontrollable causing the DM2 and it can leads to CKD. The firstly clinical presentation of the patient providing information about the history of HTN and DM2 and the laboratory studies suggested a reducing function of kidney. So the patient sign, symptoms and the laboratory values showing the condition of patient kidney with increasing volume of kidney, breathing difficulty, moderate anemia and uremia. Early detection of the HTN and DM2 and their management in early stage, also the modification in lifestyle and diet can help to reduce the chances of occurring Chronic Kidney Disease. Patient also have to complete the given treatment and counseling about the disease condition,

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Patient Inform Consent: While preparing case report and for publication patients informed consent has been taken.

Conflict of Interest: Nil

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