Welcome to the first of our special editions, which focuses on Indigenous health care. As renal health care professionals, it is important that we are committed to improving the health of Indigenous people who have renal disease and that we develop a culturally responsive health care service. This edition considers what is working and what still needs to be done, Indigenous patients’ wants/needs, how services are engaging people and what the health system gaps and strategies are. The exciting news of a Medicare Benefits Schedule item number being approved in Parliament earlier this year, which allows for dialysis treatment to occur in very remote locations, is also discussed and this alone is such a significant piece of news for our Indigenous renal patients and their families as it will allow more people to stay on country.

Astonishingly, although Australia is a developed country with an outstanding health care system, our Indigenous Australians experience a similar prevalence of chronic disease to people in developing countries (Brown, 2009). It is known that the incidence and prevalence of end-stage kidney disease (ESKD) is higher among Indigenous than non-Indigenous Australians, particularly among those aged 15–64 years (Khanal et al., 2018). Some of this can be related to co-morbidities, but also barriers to accessing health care, social and psychosocial determinants and well as trying to negotiate a complex health care system which includes health care professionals whose knowledge on Indigenous issues can be lacking. This increasing burden of ESKD amongst Indigenous people, including the underlying socio-economic conditions and social and cultural determinants of health, needs to be understood by us as nurses but also at an individual and community-level, to develop, implement, target and sustain interventions (Ritte et al., 2017) to improve the health outcomes of our Indigenous Australians.

I do hope you enjoy reading this issue, which contains articles on a variety of topics including an article on the evolution of dialysis in the Northern Territory, another on the development of the “Purple House” and another relating to Aboriginal and Torres Strait Islander peoples and clinical guideline development for chronic kidney disease. There is a general article that focuses on spiritual well-being and finally the regular NEN article and the topic this issue is kidney transplantation.

Looking forward, please be encouraged to use keywords in Indigenous-focused articles you submit so they can be included in the KHA-CARI literature review on renal care for/with Indigenous peoples. Wishing all our readership a safe holiday season and 2019. Please do keep submitting articles to the journal, so that 2019 can be another great year for the journal.

References
WHY MANAGE THE RISK WHEN WE CAN REDUCE IT?

ANTI-REFLUX VALVE WITH AN AUTO-OPEN/CLOSE FUNCTION

Reduce the need for pressure haemostasis after removing the internal needle.

Automatically opens and closes in accordance with circuit attachment/removal.

SAFETY NEEDLE REDUCES THE LIKELIHOOD OF NEEDLE STICK INJURY

The needle’s tip passes through the inside of the safety protector so that the safety feature is automatically activated covering the tip of the needle reducing the likelihood of needle stick injury.

The circuit-side male luer pushes the slide core inside the cannula forwards, which pushes the backflow prevention valve open, and the blood passes through the slide core and flows into the dialysis circuit.
ONCOLOGY

Catheter lock solutions are instilled into central venous access systems to have certain effects in this location. These access systems can be either dialysis catheters, Hickman-type lines or port-a-cath systems. The latter are used mainly in parenteral nutrition and for the administration of medication in oncology patients. These access systems are approved as medical devices and are CE marked. The central venous access is inserted in the subclavian, jugular or femoral veins.

The use of Antimicrobial Lock Solutions have been recommended in the “Hygiene Guideline complementing the German Dialysis Standard” and in the Position statement of European Renal Best Practice (ERBP)”. Pure heparin solutions containing no antimicrobial agent do not meet this criterion. Antibiotics are associated with the development of resistance which is a major drawback. Highly concentrated citrate solutions and taurodine-citrate solutions are therefore conceivably useful in this application.

Highly concentrated citrate solutions (30% and 46.7%) cause major adverse effects such as cardiac arrests and embolism that are a significant risk for the patient. TauroLock™ as an antimicrobial lock solution has proven useful in dialysis, oncology and parenteral nutrition for many years and has meanwhile become established in the prevention of catheter-related infections.

The requirements of antimicrobial catheter lock solutions:

What should they do and what can they do?

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TauroLock™ prevents catheter infections:

ONCOLOGY

DIALYSIS

PARENTERAL NUTRITION

TauroLock™ is safe:

TauroLock™ is biocompatible and non toxic. In contrast to highly concentrated citrate there is no protein precipitation if using TauroLock™.

Renal Nutrition, Nursing and Allied Health Professionals Symposium

A joint symposium of ISN Renal Health Professionals Working Group (ISN RHP WG) and International Society of Renal Nutrition and Metabolism (ISRNM)

PRE-CONGRESS SYMPOSIUM April 12, 2019
MELBOURNE, AUSTRALIA

This one-day symposium provides a unique opportunity for clinicians, nurses, dieticians, other allied health professionals, epidemiologists, and scientists to interact and exchange information about various aspects in managing patients with kidney disease. The speakers are all internationally leading nurses, nephrologists, gerontologists, dieticians, exercise professionals, palliative care experts, and scientists.

The symposium specifically deals with exercise in kidney disease, nutritional challenges such as low protein diets, eating on dialysis, changing nutritional behavior through telehealth, and managing the obese but protein-energy wasted kidney patients.

A specific nursing session addresses challenges such as intradialytic hypotension, increasing home therapies, renal supportive care, and global nephrology nursing.

April 12, 2019 // Start: 08:30 // End: 16:00 // Educational hours: 6

CHECK OUR 5 PRE-CONGRESS COURSES AT A GLANCE

Melbourne Convention and Exhibition Centre (MCEC), 1 Convention Centre Pl, South Wharf VIC 3006, Australia

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