GENERAL

nanda nursing diagnosis for kidney failure

Published: September 3, 2026 | Index ID: #-

Introduction

Kidney failure, whether acute or chronic, represents a complex clinical challenge that demands a systematic, evidence based nursing response. The National Nursing Association Diagnostic Association (NANDA) provides a structured language for nursing diagnoses, enabling clinicians to identify, prioritize, and intervene in patient care with clarity and consistency. This article offers an in depth exploration o**fnanda nursing diagnosis for kidney failure**, covering the pathophysiology of renal dysfunction, the assessment techniques essential for accurate diagnosis, and the comprehensive care plans that guide nursing practice. Whether you are a seasoned practitioner or a nursing student preparing for clinical rotations, this guide will equip you with the knowledge and tools to deliver high quality, patient centered care for individuals with kidney failure.

Understanding Kidney Failure

Types of Kidney Failure

Kidney failure is broadly classified into two categories: **acute kidney injury (AKI)** and **chronic kidney disease (CKD)**. AKI is characterized by a sudden decline in glomerular filtration rate (GFR), often reversible with prompt intervention. CKD, on the other hand, is a progressive, irreversible decline in kidney function, typically defined by a GFR 2 persisting for more than three months.

Pathophysiological Impact on the Body

Renal dysfunction disrupts fluid and electrolyte balance, acid–base homeostasis, and waste excretion. The consequences include fluid overload, hypertension, electrolyte disturbances (hyperkalemia, hyponatremia), metabolic acidosis, anemia, bone disease, and immune dysregulation. These systemic effects manifest as a wide range of symptoms—fatigue, edema, shortness of breath, confusion, and more—each of which may be reflected in a NANDA nursing diagnosis.

NANDA Nursing Diagnosis Overview

What Are NANDA Diagnoses?

NANDA International (formerly NANDA–NIC–NOC) offers a standardized taxonomy of nursing diagnoses that describes patient responses to health conditions. Each diagnosis is paired with defining characteristics (symptoms, signs, test results) and related risk factors. By using NANDA language, nurses can communicate diagnoses clearly, develop consistent care plans, and measure outcomes effectively.

Why NANDA Is Essential for Kidney Failure Care

Kidney failure presents a complex interplay of physiological disturbances. A structured diagnosis framework helps nurses:

- Identify the most pressing patient needs.
- Prioritize interventions based on severity.
- Document care plans in a universally understood format.
- Collaborate seamlessly with physicians, dietitians, pharmacists, and other team members.

- Track progress and adjust care as the patient''s condition evolves.

Common NANDA Diagnoses for Kidney Failure

Below is a curated list of NANDA diagnoses frequently encountered in patients with kidney failure, along with key defining characteristics and related risks. These diagnoses span physical, psychosocial, and behavioral domains, reflecting the multifaceted impact of renal disease.

- Fluid Volume Excess – Excess fluid accumulation leading to edema, pulmonary congestion, and elevated blood pressure.
- Impaired Gas Exchange – Difficulty maintaining oxygenation, often due to pulmonary edema or anemia.
- Impaired Skin Integrity – Skin breakdown from edema, malnutrition, or reduced perfusion.
- Risk for Electrolyte Imbalance – Potential for hyperkalemia, hyponatremia, or hypocalcemia.
- Risk for Infection – Increased susceptibility due to immune dysfunction and catheter use.
- Impaired Physical Mobility – Fatigue, weakness, or muscle cramps limiting activity.
- Knowledge Deficit – Lack of understanding about disease process, medication, and lifestyle changes.
- Risk for Falls – Weakness, dizziness, or orthostatic hypotension.
- Impaired Renal Function – Direct description of the organ dysfunction itself.
- Altered Nutrition: Less Than Body Requirements – Inadequate intake due to nausea, dietary restrictions, or appetite loss.
- Risk for Ineffective Coping – Emotional distress, depression, or anxiety related to chronic illness.

Assessment Process for Accurate Diagnosis

Comprehensive History Taking

Gather a detailed history focusing on:

- Duration and progression of kidney dysfunction.
- Underlying etiologies (diabetes, hypertension, glomerulonephritis).
- Medication list, including nephrotoxic drugs.
- Fluid intake and output, dietary habits.
- Previous dialysis sessions or transplant history.
- Psychosocial context: support systems, mental health status.

Physical Examination

Key exam findings include:

- Peripheral edema (ankle, calf).
- Jugular venous distension.
- Pulmonary crackles indicating fluid overload.
- Skin turgor and color changes.
- Neurologic assessment for confusion or tremors.

Laboratory and Diagnostic Tests

Essential labs and imaging studies:

- Serum creatinine, BUN, eGFR.
- Serum electrolytes (potassium, sodium, calcium, phosphate).
- Arterial blood gas for acid–base status.
- Complete blood count for anemia.

- Urinalysis for proteinuria, hematuria.
- Imaging: renal ultrasound, CT scan if indicated.

Assessment Tools

Use standardized tools to quantify symptoms:

- Edema scoring systems (e.g., 0–3 scale).
- Functional status scales (e.g., Barthel Index).
- Depression screening (PHQ 9).
- Nutrition assessment (MNA or Subjective Global Assessment).

Nursing Diagnosis Examples and Rationale

Fluid Volume Excess

Defining Characteristics: Elevated blood pressure, edema, shortness of breath, weight gain, jugular venous distension.

Related Factors: Reduced GFR, impaired natriuresis, fluid intake > output.

Rationale: Fluid retention is a hallmark of kidney failure, often leading to pulmonary congestion and hypertension. Recognizing these signs early allows for timely diuretic therapy and fluid restriction.

Impaired Gas Exchange

Defining Characteristics: Dyspnea, tachypnea, hypoxemia, crackles.

Related Factors: Pulmonary edema, anemia, metabolic acidosis.

Rationale: Adequate oxygenation is essential for tissue perfusion. In kidney failure, fluid overload can compromise lung function, necessitating oxygen therapy or diuretics.

Risk for Electrolyte Imbalance

Defining Characteristics: Fluctuating serum potassium, sodium, calcium, or phosphate levels.

Related Factors: Impaired excretion, dietary restrictions, medication side effects.

Rationale: Electrolyte disturbances can precipitate cardiac arrhythmias, neuromuscular dysfunction, or bone disease. Vigilant monitoring mitigates these risks.

Risk for Infection

Defining Characteristics: Presence of indwelling catheters, immunosuppression, skin breakdown.

Related Factors: Reduced leukocyte function, frequent hospital visits.

Rationale: Patients on dialysis or with central lines are at heightened infection risk. Strict aseptic technique and early recognition of infection signs are critical.

Knowledge Deficit

Defining Characteristics: Misunderstanding of medication regimen, dietary restrictions, or dialysis schedule.

Related Factors: Complex treatment plans, low health literacy.

Rationale: Education empowers patients to adhere to therapy, recognize warning signs, and reduce readmissions.

Nursing Interventions for Kidney Failure

Fluid Management

- Implement fluid restriction protocols (e.g., for severe fluid overload).
- Administer loop diuretics (furosemide) per physician orders, monitoring diuresis and electrolytes.
- Use diuretic response charts to adjust dosing.
- Encourage use of diuretic diaries for patient self monitoring.

Electrolyte Monitoring and Management

- Order daily serum potassium, sodium, calcium, and phosphate checks.
- Administer potassium binders (patiromer, sodium polystyrene sulfonate) as prescribed.
- Provide dietary counseling: limit potassium rich foods, monitor phosphate intake.
- Educate patients on signs of hyperkalemia (muscle weakness, palpitations).

Blood Pressure Control

- Initiate antihypertensive therapy (ACE inhibitors, ARBs, calcium channel blockers) as per nephrologist guidance.
- Monitor blood pressure at least twice daily.
- Encourage low sodium diet (
- Assess for orthostatic hypotension; adjust fluid status accordingly.

Managing Anemia

- Administer erythropoiesis stimulating agents per protocol.
- Provide iron supplementation (oral or IV) based on ferritin and transferrin saturation.
- Monitor hemoglobin and hematocrit levels.
- Educate patients on fatigue management and safe exercise practices.

Skin Care and Pressure Ulcer Prevention

- Perform skin assessments every shift.
- Use pressure relieving devices for immobile patients.
- Apply barrier creams to protect moisture laden skin.
- Encourage regular repositioning and range of motion exercises.

Dialysis Preparation and Support

- Verify pre dialysis labs (electrolytes, coagulation profile).
- Check vascular access for patency and infection signs.
- Educate patients on dialysis procedures, potential complications.
- Assist with transportation logistics when necessary.

Psychosocial Support

- Screen for depression and anxiety using validated tools.
- Refer to counseling services or support groups.
- Facilitate family meetings to discuss goals of care.
- Encourage expression of emotions and coping strategies.

Patient Education

- Teach dietary restrictions (protein, sodium, potassium, phosphate).
- Explain medication schedules and potential side effects.
- Discuss lifestyle modifications: exercise, smoking cessation, alcohol moderation.

- Provide written handouts and visual aids.

Prioritization of Nursing Diagnoses

Effective care hinges on prioritizing diagnoses based on the **ABC (Airway, Breathing, Circulation)** principle and the **PEARL (Pain, Edema, Activity, Risk, Learning)** framework. For kidney failure patients, typical priority order is:

1. Impaired Gas Exchange (Airway/Breathing)
2. Fluid Volume Excess (Circulation)
3. Risk for Electrolyte Imbalance (Circulation/Metabolism)
4. Impaired Physical Mobility (Activity)
5. Knowledge Deficit (Learning)

By addressing life threatening conditions first,

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