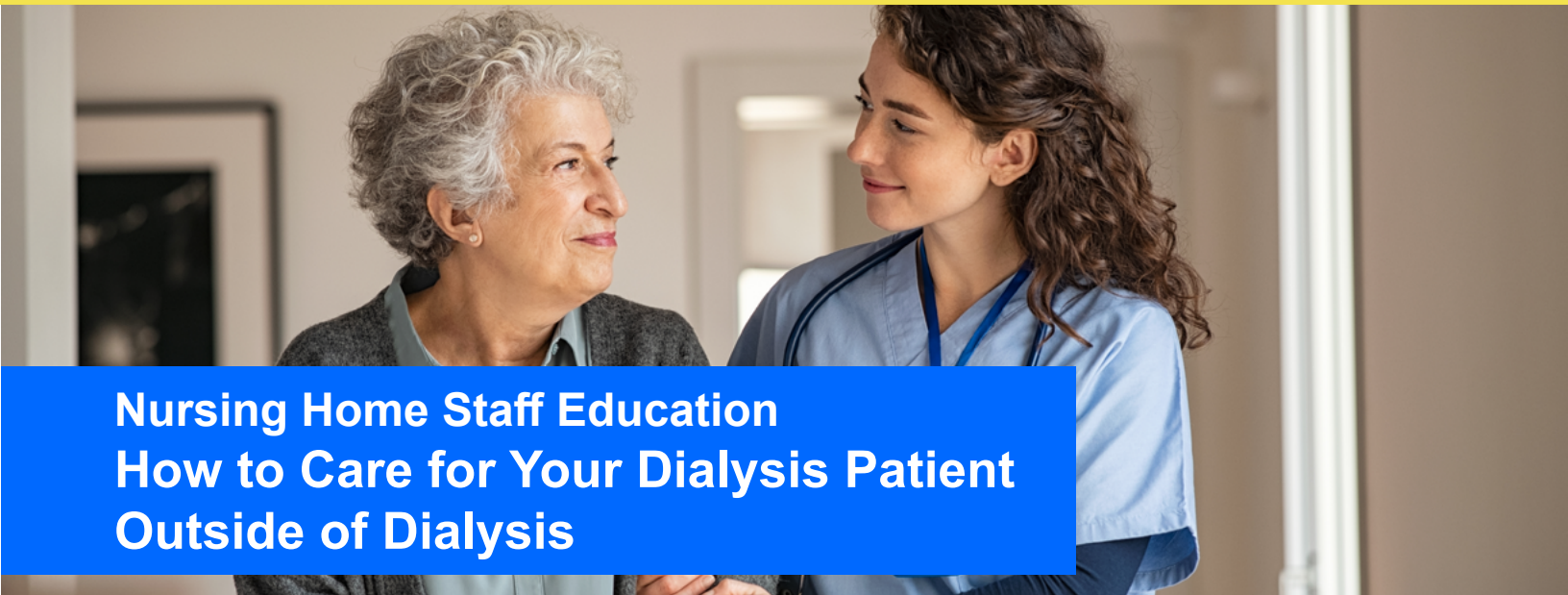




# Nursing Home Toolkit



## Nursing Home Staff Education

### How to Care for Your Dialysis Patient Outside of Dialysis

Caring for patients that are on dialysis is very complex. It is imperative to be knowledgeable on the specific needs that these patients have to ensure they receive proper care.



#### Medications

- There are a lot of medications to keep track of, many of which are time-sensitive and require a strict schedule, such as phosphorus binders.
- Do not administer any over-the-counter medicines or natural health products without talking to the doctor first. Due to reduced kidney function, these medications could cause unintended side effects or interact with other medicines the patient is taking.
- Do not administer ibuprofen (Advil, Motrin), naproxen (Aleve), or similar medicines, unless otherwise instructed by the physician. These medicines may make kidney problems worse.
- You may be asked to hold all blood pressure medications on dialysis days prior to dialysis, as the treatment could lower the patient's blood pressure to an unsafe level during their treatment.



#### Diet and Fluid Intake

- Patients will need to limit fluids and certain foods that contain sodium, potassium, and phosphorus.
- Patients may need to follow a heart-healthy diet to keep the cholesterol in their blood under control.
- Patients may need higher levels of protein in their diet.
- Patients will need to take prescribed phosphorus binders with their meals and snacks.



## Dialysis Access

### ■ Peritoneal Dialysis (PD) Catheter

- Wash your hands with antibacterial soap or use waterless hand sanitizer or gel before catheter care.
- When caring for the exit site, always start close to the catheter and move away to prevent pushing germs toward the exit site. This is commonly referred to as the “bull’s eye technique.”
- Apply doctor-prescribed antibiotic cream to the exit site every day.
- Use Alcavis disinfectant scrub prior to connecting and disconnecting each time.
- Look at the areas under and around the exit site and catheter for drainage. If drainage is occurring, notify the dialysis team about any:
  - redness around exit site
  - pain at exit site or tunnel
  - cracks, slits, or holes in the catheter tubing (if you see any, place a clamp on the catheter and notify the dialysis team immediately)
- Check the connection at the transfer set and twist it to make sure it is secure.
- Always anchor the catheter to their skin with tape to prevent the tubing from being pulled tight at the exit site of the catheter. It is very important to ensure there is slack in the catheter to avoid tension at the exit site. Ask the dialysis team about devices that help hold the transfer set in place.
- Repeat exit site care if the dressing or area becomes dirty or wet.
- It is important to maintain soft bowel movements. Tell the dialysis team if there are any issues with constipation.
- The individual should be told to lift with their legs to avoid straining their abdomen and avoid heavy lifting or pushing immediately after the PD catheter is inserted. Straining can cause leaks or hernia formation after the PD catheter operation. In this case, the dialysis solution will have a pink color.
- Always keep the dialysis center and after-hours phone numbers handy.
- Call the dialysis team immediately for instructions if you believe that you may have contaminated the inside of the dialysis catheter.

### ■ Hemodialysis Catheters

- Keep the catheter dressing clean and dry. If dressing comes off or gets soiled, please call your dialysis team.
- Never remove the cap on the end of the catheter. Air must not enter the catheter. If the cap comes off, please contact your dialysis team.
- Avoid letting the catheter or catheter site go under water during a bath or shower. This would increase the chance of moisture getting near the catheter site, which can cause infection.

- The caps and the clamps of the catheter should be kept tightly closed when not being used for dialysis. Only the dialysis care team should use the dialysis catheter to draw blood or to give medications or fluids.
- If the area around the catheter feels sore or looks red, call the dialysis care team at once. Ask the dialysis team about signs and symptoms that require immediate attention.

■ **Home Hemodialysis (HHD): AV Fistula or Graft**

- Keep the access clean and watch for swelling, redness, drainage or tenderness in the area.
- Avoid trauma to the area. Injuries to the access or access arm can be life-threatening.
- Use the following guidelines to prevent the individual’s access from clotting:
  - They should not wear tight watches, bracelets or tight clothing on the access arm.
  - They should avoid sleeping on the access.
  - They should not do any heavy lifting or rest purses or bags on the access area.
  - Avoid blood draws in the access arm.
  - Do not allow blood pressure to be taken on the access arm.
  - Avoid IV insertion in access arm.
- Call the dialysis team if you notice any changes in the individual’s access or if the individual complains of any pain or discomfort with their dialysis access.
- If the access starts bleeding, please use gauze and apply pressure to the access site and call dialysis team for further instructions
- Have emergency contact information available.



**Vitals and Labs**

- Make sure to monitor vital signs, including weight, daily, especially on dialysis days, and communicate results with the dialysis team
- If you draw any new labs, make sure to send a copy or communicate lab results with the dialysis team

**Your Dialysis Team’s Contact Information**

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_





## Is It Worth the Risk? Missing or Shortening Dialysis Treatments

Missing dialysis treatments carries risks. You may not immediately feel the effects, but studies show that inadequate dialysis will shorten your life expectancy.

### Complications and Risks



**Worsened Anemia and Bone Disease** as a result of not receiving scheduled intravenous medications at dialysis



**Irregular Heartbeat, Cardiac Arrest and Death** from high potassium levels



**Increased Likelihood of Strokes** leading to disability and death



**Cramping and Low Blood Pressure** during next dialysis session due to removing the extra built-up fluid from missed treatment



**Fluid Overload** which causes shortness of breath from fluid in the lungs that may require an emergency room (ER) visit or an emergency dialysis treatment



**Shortening Treatments**  
by 15 minutes = 39 hours per year!



**Missing Treatments**  
once a week = 52 treatments a year!

To file a grievance, patients may contact:

ESRD Network 10 | 911 E. 86th Street, Suite 30  
Indianapolis, IN 46240 | Toll-Free: (800) 456 6919  
[ESRDNetwork10@qsource.org](mailto:ESRDNetwork10@qsource.org)

ESRD Network 12 | 2300 Main St., Suite 900  
Kansas City, MO 64108 | Toll-Free: (800) 444-9965  
[ESRDNetwork12@qsource.org](mailto:ESRDNetwork12@qsource.org)

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## Is It Worth the Risk?

# Missing Peritoneal Dialysis Exchanges

Missing your exchanges carries risks. You may not immediately feel the effects, but studies show that inadequate dialysis will shorten your life expectancy.

## Complications and Risks



### Infection

Higher risk of acquiring an infection by missing exchanges



### Fluid Overload

Could be caused by you reabsorbing dirty solution or by not following your fluid restrictions



### Cardiac Complications

Irregular heartbeat, cardiac arrest and death due to high potassium levels



### Toxic Build-up

Can cause nausea, vomiting and change in mental status



### High Blood Sugar

Uncontrolled blood sugars will not allow you to ultrafiltrate



### Transplant

Skipping exchanges will hurt your overall health and your chances to get a transplant

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# Infection Control



## Put Together the Pieces to Prevent Infections

Download: <https://tinyurl.com/ytdp2va8>



## Preventing Catheter Infections

Download: <https://bit.ly/3A7pi7f>



## Preventing Peritonitis

Dialysis patients have a greater chance of getting an infection. Peritoneal dialysis (PD) uses a catheter to remove waste products from the blood. The catheter is placed in the lining of the belly, called the peritoneum. If harmful germs, like bacteria or fungi, get on the catheter, patients may get peritonitis. Teaching your patients early prevention against peritonitis is key to decrease the their risk for contracting an infection.

Download: <https://bit.ly/3tk1Xvj>

# Risks of Shortened or Missed Treatments

It is very important to receive your full dialysis treatments as prescribed by your doctor. Coming for every treatment and staying for the full time is important to getting “adequate” dialysis. You may not think cutting treatment by 30 minutes or missing a treatment once a week makes a difference, but over time every minute adds up. See the charts below on how time missed for a 4 hour treatment adds up.



Fluid overload. Too much fluid can cause shortness of breath and possible hospitalization.



Severe cramping and hypotension at the next treatment, because extra fluid will have to be removed.



Missing injected medications can worsen anemia and bone disease.

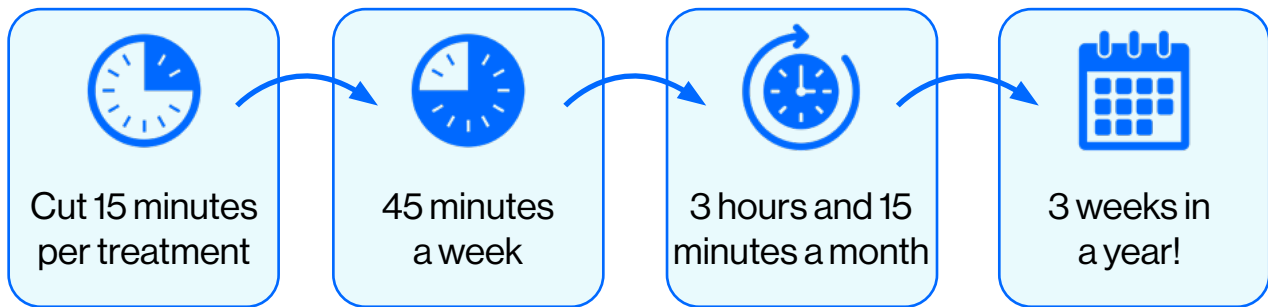


High potassium can cause heart problems, including irregular heartbeat, heart attack, and/or death.



High blood pressure can cause a stroke, which can lead to permanent disability and/or death.

Missed Treatments	Dialysis Minutes	Dialysis Hours
1	240	4
2	480	8
3	720	12
4	960	16
5	1,200	20
6	1,440	24
7	1,680	28
8	1,920	32
9	2,160	36
10	2,400	40
11	2,640	44
12	2,880	48
13	3,120	52



To file a grievance, patients may contact:

ESRD Network 10 (IL)  
 911 E. 86th Street, Suite 30 | Indianapolis, IN 46240  
 Toll-Free Patient Line: (800) 456-6919

ESRD Network 12 (IA, KS, MO, NE)  
 2300 Main St., Suite 900 | Kansas City, MO 64105  
 Toll-Free Patient Line: (800) 444-9965



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# Anemia



## Anemia in ESRD

Knowing what anemia is and how to prevent it is imperative for the care of someone with end-stage renal disease. Use this resource from the American Kidney Fund to educate your staff on what anemia is and why it's important to monitor and treat in patients with end-stage renal disease.

Download: <https://bit.ly/3hwLDoq>



## Educate Your Dialysis Patients About Anemia

This resource gives staff talking points to discuss anemia with their patients to educate them on what anemia is, what the signs and symptoms are, treatment options, risk and benefits associated with receiving a blood transfusion, and how to improve their outcomes to decrease the need for a blood transfusion.

Download: <https://bit.ly/3E187oS>

# Is Transplant for Me? Consider Your Options

## Steps to Kidney Transplant

To have the healthiest life possible as a kidney patient you may want to consider a kidney transplant. Although the journey to transplant may seem like a long one, it is easier to think about if you break it down into steps.

1. To set up a transplant referral, you just need to call the transplant center and they will make the appointment for you. Your nurse or social worker would be happy to help you make the call; just ask them.
2. At your referral appointment, the transplant center staff can answer your questions about the surgery, organ donor waitlist, living donation, transplant medications, finances, and any others you can think of.
3. New allocation methods have been developed to distribute kidneys, so your wait time may not be as long as you may have heard.
4. Each transplant center evaluates patients for transplant by its own rules. If you are ineligible at one transplant center, you may be eligible at another one; you just need to check them out. Your dialysis care team will have a list of ALL transplant centers you can call.
5. Once you are on the waitlist, the transplant center and your dialysis facility staff will help you to stay active on the waitlist and let you know the requirements.
6. If you are afraid of the “downtime” that transplant surgery would require, just remember all the free time you will have with a successful kidney transplant. No more dialysis treatment, no fluid restrictions, and no more renal diet.

Learn more at [kidneytransplanthub.com](https://www.kidneytransplanthub.com).

Here are some answers to common concerns about kidney transplant.

### I'm used to dialysis now. I have adjusted my life around my treatments.

Getting a kidney transplant has many benefits.

- More free time from not having to go to dialysis
- More flexibility to travel and work
- Fewer appointments
- Fewer limits on what you can eat
- More energy



**The waitlist is too long! I will have to wait too many years on the waitlist for a matching kidney.**

There are other options! Finding a living donor, multi-listing at more than one transplant center, or accepting a kidney with a high kidney donor profile index (KDPI) score can reduce your wait time for a kidney. A high KDPI means that the donor was older or had some health problems. These kidneys typically last 7-10 years and are also called extended donor criteria (ECD) kidneys. Time on dialysis counts toward your waitlist time!



**I'm too old to get a kidney. I wouldn't want to take the chance away from a younger person in need.**

Each transplant center has different criteria for age and considers many other factors. You will be matched with the very best kidney for you no matter what age you are.



**I don't want to ask any of my family or friends for a living donation. I wouldn't want to put their health at risk.**

Kidney donors are able to return to their regular activities about 4-6 weeks after surgery. There are no dietary restrictions following donation, and a female kidney donor can still become pregnant following donation.



**I probably wouldn't be able to find a match for a living donor.**

You don't have to be a match to your living donor. Many transplant centers do paired donation where your donor can give a kidney to someone they match, and you can receive a kidney from someone else's donor who matches you.



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# Why Does Fluid Matter?

When your kidneys no longer work well, they stop removing waste and fluid from your body through urine. This can cause you to have health problems like shortness of breath, swelling, and weight gain. During dialysis the machine helps to remove some of the waste and fluid. Limiting how much fluids you have between treatments can help you feel better before, during and after dialysis. Read more to learn why fluid matters to your dialysis treatment and some tips for staying on track.



## How Does Dialysis Remove Fluid?

When your kidneys fail, you make less urine. This means fluids can only be removed from the blood during dialysis. Most of the body's fluid is inside the cells. During dialysis, fluid is pulled from the bloodstream. To keep a balance, fluid moves between the spaces slowly over time, moving from the cells to the space between the cells then into the blood. A dialysis treatment that removes too much fluid, or removes it too quickly, is harmful. It can cause you to not feel well during treatment and cause damage to your organs.

## What Are Fluid Weight and Dry Weight?

**Fluid weight** is the weight you gain between treatments from liquids found in what you eat and drink. The amount of fluid you gain is different depending on whether you urinate or not. If you gain a lot between treatments it will be harder to remove all of it during your treatment.

**Dry weight** is your body mass (weight) without extra fluid. Your doctor determines your dry weight by looking at your previous weight, your breathing, any swelling you have, and your blood pressure. Over time you may gain body weight and this may call for a change to your dry weight. Some reasons why your body weight may change:

- You may gain weight because your appetite gets better with enough dialysis.
- You may lose weight during an illness or hospitalization.

## How Much Fluid Will Be Removed During Dialysis?

Each time before your treatment, you are weighed and it is recorded in kilograms. This number is compared to your "dry weight" and your weight from your last treatment. These weights may be the same or they may be a little different. They are then used to determine how much fluid to be removed during dialysis.

### The Body Holds Fluid in Three Spaces



Inside the Cells



Between the Cells



In the Blood

## What Can Happen If You Remove Too Much Fluid or Remove It Too Quickly During Dialysis?



Low blood pressure



Nausea/vomiting



Dizziness



Cramping



Headache



Feeling washed out for hours

When too much fluid is removed too quickly it can damage your organs by starving them of oxygen.

### What Can I Do?

Make a fluid control plan with your dietitian.

- Watch how much you drink and eat. Fluid is in many things that you eat, like yogurt, soups and lettuce.
- Limit how much salt you use. Salt is also in many foods and drinks, and that causes water to remain in the body.

Go to all your treatments and stay for the entire time.

Consider your treatment options. Home dialysis, daily dialysis or nocturnal dialysis can help you to remove more fluid slowly and minimize the symptoms you may be having.

Take your medications, like diuretics or water pills, if ordered by your doctor.

Make sure your weight is correct by:

- Wearing the same type of clothing when weighing at dialysis;
- Empty your bladder and bowel before weighing; and
- Repeat your weight if you do not agree with it.

### Ask Your Care Team

- What can I do to keep my correct weight?
- I have trouble with my weight, what can I do?
- I have swelling and sometimes get short of breath, what could be the problem?
- Does dialysis help me lose body weight?

For more information or to file a grievance, please contact:

ESRD Network 10  
911 E. 86th St., Ste. 30  
Indianapolis, IN 46240  
800-456-6919

ESRD Network 12  
2300 Main St., Ste. 900  
Kansas City, MO 64108  
800-444-9965





## Tips to Help Control Fluid

Because dialysis helps remove the excess fluid from your body, it is important to limit how much fluid you have between treatments. The more fluid that needs to be removed, the harder it is on your body, especially your heart. Here are some tips to help you take control of your fluid intake.



### Keep Track

- Measure fluid amounts
- Write down your fluid intake in a notebook
  - Include liquids with meals, snacks and medications
  - Include all fluids from foods and anything that melts to a liquid
- Use a water bottle that is marked with your daily goal
- Download an app on your phone that allows you to track fluid intake
  - NKF's H2Overload - track fluid/weight/BP. Visit [www.kidney.org/apps](http://www.kidney.org/apps)



### Set Fluid Goals

Talk to your doctor and dietitian about setting fluid goals.



### Limit Sodium Intake

- Cook with herbs and spices instead of salt. Try: allspice, basil, bay leaf, caraway, cardamom, curry, dill, ginger, marjoram, rosemary, thyme, sage or tarragon.
- Avoid salt substitutes. Foods made with salt substitutes are high in potassium.
- Read food labels and choose low-sodium options.





## Control Thirst

Being thirsty is a challenge for dialysis patients, because you have to limit your fluids. Keeping the amount of fluid you gain down between treatments is very important.

When you have too much fluid in your body (“Fluid Overload”) it causes shortness of breath, swelling, high blood pressure and excessive weight gain.

Limiting your fluid will help you feel better and stay healthy before, during and after dialysis without cramping or blood pressure changes.

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- Limit sugar
- Limit caffeine and alcohol
- Suck on ice chips, crushed ice or popsicles
- Suck on frozen fruits like blueberries and grapes (1/2 cup)
- Spread out what you drink throughout the day
- Sip, do not gulp
- Try mint or lemon flavored water
- For dry mouth
  - use spray bottle
  - swish and spit to moisten your mouth
  - brush your teeth
  - use moist swabs
- Chew gum or suck on hard candy (sugar free)
- Keep your mind busy
- Read a book
- Do a crossword or word-search puzzle
- Try crocheting or sewing
- Keep cool by:
  - staying in the shade or indoors
  - staying on the lowest floor out of the sunshine if air conditioning is not available
  - dressing in loose-fitting, lightweight and light-colored clothes
  - wearing a hat



[esrd.qsource.org](http://esrd.qsource.org)

# Nursing Home Dialysis Patient Communication Form

## To Be Completed by Nursing Home

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

New medication orders (antibiotics, dose adjustments):  
\_\_\_\_\_

Vaccinations given since last dialysis treatment:

Pneumococcal	COVID-19	Influenza
RSV	Other	

Has patient been to hospital since last dialysis treatment?

Yes      No

If yes, list hospital, admit/discharge dates, and diagnosis.

Admit Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

New Infections?      Yes      No

List Diagnosis and Location: \_\_\_\_\_

Blood Cultures Drawn?      Yes      No

Date Drawn: \_\_\_\_\_

Isolation Precautions:      Yes      No

If yes, list precautions: \_\_\_\_\_

Upcoming medical appointments: \_\_\_\_\_  
\_\_\_\_\_

Upcoming Plan of Care (date): \_\_\_\_\_

Nurse completing this form:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Please fax any hospital, vaccination, and lab results, including blood cultures to the dialysis facility.

## To Be Completed by Dialysis Facility

### Pre-Dialysis Treatment

Blood Pressure: \_\_\_\_\_ Temperature: \_\_\_\_\_

Pulse: \_\_\_\_\_ Weight: \_\_\_\_\_

Dialysis Treatment Orders

Target Weight: \_\_\_\_\_ Treatment Duration: \_\_\_\_\_

Medications administered during dialysis treatment:  
\_\_\_\_\_  
\_\_\_\_\_

### Post-Dialysis Treatment

Blood Pressure: \_\_\_\_\_ Temperature: \_\_\_\_\_

Pulse: \_\_\_\_\_ Weight: \_\_\_\_\_

Amount of fluid removed: \_\_\_\_\_

Did patient complete prescribed treatment:

Yes      No

If no, why? (cramping, low BP, other symptoms)  
\_\_\_\_\_  
\_\_\_\_\_

Please note any dialysis access problems (excess bleeding, infiltration, etc):  
\_\_\_\_\_  
\_\_\_\_\_

Nurse completing this form:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Please attach a copy of any current labs that were drawn.