



Following Your Treatment Plan



Module 4 – Following Your Treatment Plan

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Please Note

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-
- (5) a
 - (4) False d
 - (3) c
 - (2) b
 - (1) b

Congratulations, you've finished the quiz! Here are the correct answers so you can see how you did:

Module 4 – Kidney Quiz Answers





A wise man once said, “If you aim at nothing, you will hit it every time.”

Imagine you are taking practice shots with a bow and arrow. You lay a target face up on the grass, walk a short distance away, and shoot an arrow straight up into the air. You hope the arrow will land in the center of the bull’s-eye. What are the chances that you will hit your mark?

Slim, you say?

Just about impossible would be more likely—not to mention risking your life in the process! Although you say you are shooting for the target, your aim is too random to have any real chance of hitting it. As silly as this might sound, it is just what some people with kidney disease do when it comes to managing their treatment plan.

Think of it this way—your treatment plan involves:

- **Medications**
- **Diet and fluid limits**
- **Dialysis or a kidney transplant, if your kidneys have failed**

With your input, your doctor and health care team prescribe a treatment plan tailored for you. *Their* job is to watch the progress and effectiveness of the treatment plan. *Your* job is to take part in developing your treatment plan, then follow it and make it work for you. Why worry about following the plan? Because it will help you stay healthy and allow you to keep doing what you enjoy.

But to follow it, you need a few things:

- 1 First, you need to know why your treatments are prescribed, what effect they will have on your health if you stick with them, and what will happen if you don’t.



- 2 Second, you must know your role and take on the job to follow the plan.
- 3 Third, let your nephrologist and care team know any barriers that are keeping you from sticking with your plan, so they can work with you to overcome them.
- 4 Fourth, *expect* frustration and setbacks along the way. Know your triggers and prepare for them, so you can stick with your treatment plan.

Missing any one of these items is the same as aiming your arrow toward the sky and hoping to hit the target. It probably won’t happen. The good news is, you can do a great deal to straighten your shot!

This module is designed to:

- Help you find the target (understand and take part in the treatment plan)
- Take aim (know your job)
- And hit the bull’s-eye (follow through)

All you need is the will to practice.

In this module, we will outline the key pieces of the treatment plan and give you the tools you need to hit the mark. So, let’s get started.



Your Role

If you've been through Module 3—*Working With Your Health Care Team*, you already know that you are a key team member. In fact, you play a role no one else on your team can assume.

Let's further define your role and make it more specific. Choose the job that best describes how you think of your role on your care team:

- Employee** **Manager**

An employee is someone who does the job he or she is told to do. In one way this describes your role, but it doesn't go far enough.



It is more accurate to think of yourself as a manager. As a manager, you don't just follow orders—you have far more ownership of your treatment plan. After all, it is *your* body, *your* health, and *your* quality of life that are at stake. The more active you are in learning about and managing your treatment plan, the more control you will feel over your life.

Many people think that following their doctor's plan means that they don't make important decisions. This couldn't be further from the truth. As a manager of your treatment plan, you must make all types of daily decisions about your care. Your doctor expects you to do this. But more importantly, you need to do it for yourself.

The reality is that you are going to be making most of the decisions that affect your health. Think about it: each time you eat, drink, or take a drug, you are choosing to follow (or not follow) your treatment plan. You are the only one who can make those decisions.

Now and then, you may have heard a medical professional use the word “compliance” to describe your role. To comply is to follow. Sounds passive, doesn't it? We want you to know that if you decide to follow your treatment plan, you will get the best results for your health. If you *choose* to follow

What One Patient Has To Say About Following Her Treatment Plan

“There are some things I have no choice about: breast cancer, heart disease, kidney cancer, diabetes, and hypertension that made dialysis necessary. There are many things I have a choice about: method of dialysis (hemo), location of dialysis, compliance with my medications and renal diet, which doctor I see, how much I participate in my own care, etc.

“One of the most important things I have a choice about is my attitude and outlook. I choose to see dialysis as a ‘part-time job’ that requires my attendance three afternoons a week...in return, it literally gives me life...not bad wages! I have the choice to be angry and sad about the need for dialysis or be grateful that the science is available and thankful that the available programs pay for most of it. Many other chronic diseases are not well-funded and bankrupt families.” —Nancy L.





your treatment plan, this implies far more involvement. And this is just what we mean by being the manager of your treatment plan. The decisions you make are not just to please your doctor, but for your *own* benefit.

You might be asking, “What are these decisions I will be making?” Great question!

As we describe the key parts of the treatment plan, your job will become very clear. By the end of this module, you will have a Personal Plan that will sum up the main points to help you use what you’ve learned here.

Managing Your Medications

Drugs are a major part of your treatment for kidney disease. Which ones you need will depend on how complex your health problem is. People whose kidneys are still working a little bit may need just a few drugs. People who are on dialysis or have had a kidney transplant may take so many drugs it can be hard to keep track of them all!

Which drugs do you take right now? If you take more than one of a certain type of medication, fill in the number you take.

- Blood pressure medications** (# _____) – to prevent damage to your heart and blood vessels. Some blood pressure drugs (like ACE inhibitors and ARBs) also slow down some types of kidney disease. If you do peritoneal dialysis (PD) or daily or nocturnal hemodialysis (HD), most often at home, you may need fewer blood pressure pills, or you may not need them at all, since these treatments do a better job of controlling blood pressure than standard in-center HD treatments.
- Blood sugar (glucose) medications** (# _____) – to prevent problems caused by high blood sugar
- Blood-thinning medications** (# _____) – to reduce the risk of blood clots
- Calcitonin** (# _____) – to help build stronger bones
- Carnitine** (# _____) – to help build stronger muscles
- Chemotherapy medications** (# _____) – to treat lupus flare-ups, cancer, or some kinds of kidney problems
- Cholesterol medications** (# _____) – to help prevent damage to your heart
- Cinacalcet** (# _____) – to help treat too-high levels of parathyroid hormone that can cause bone disease
- Diuretics** (# _____) – to make the kidneys work harder to remove fluid

Do You Know What Your Medications Look Like?

Knowing what each of your medications looks like can save your life!

How? Sometimes mix-ups happen and people get the wrong dose, or even the wrong drug. It does happen. Thousands of people become severely ill and many die each year from prescription drug errors. Don’t let a mistake happen to you! Learn what each of your medications looks like so you can be on the alert.



- ESAs (erythropoietin stimulating agents)** (# _____) – injections to treat anemia (a shortage of red blood cells) by making more red blood cells. Treating anemia can give you more energy and help prevent heart damage
- Immunosuppressant medications** (# _____) – to prevent transplant rejection or to treat some autoimmune diseases
- Insulin** (# _____) – to control blood sugar (glucose) and prevent organ damage in people with diabetes
- Iron** (# _____) – to provide the building blocks to make red blood cells
- Pain medications** (# _____) – to reduce pain from arthritis, polycystic kidney disease, or other conditions
- Phosphate binders** (# _____) – antacids or special drugs taken to help your body get rid of extra phosphorus that can cause itching and long-term bone problems. If you do daily or nocturnal HD (most often at home), you



may need fewer binders—or even no binders at all—since these treatments remove so much more phosphorus than standard in-center HD does.

- Renal vitamins** (# _____)
- Vitamin D** (# _____) – to help the body use calcium better and help avoid bone problems
- Other medications (such as Alka Seltzer[®], Maalox[®], and Zantac[®])** (# _____):

-
-
- Other vitamins, minerals, or herbal supplements you currently take** (# _____):
-
-

Although some supplements and alternative therapies can be helpful, it is important to tell your doctor what you are using. Some supplements have the *same* effects as a medication you may be taking. For example, many supplements cause blood thinning. If you also take a blood thinning drug, you may be at risk for bleeding problems.

What One Family Went Through with Supplements

“Once, while my husband, Bob, was on dialysis, in our zeal to try all methods, we followed the advice of a practitioner who put Bob on large amounts of alfalfa grass powder. Unknown to us, it was loaded with potassium. Our nephrologist said we really could have caused his heart to stop. [The alfalfa powder is very distinct from alfalfa sprouts, which are low potassium and can be a great ‘filler food.’] Although we have always respected alternative methods, we became very cautious of supplements.” –Nathalie, wife of Bob, who had a kidney transplant in 1996





Some supplements have the *opposite* effect as a drug you may be taking. For example, echinacea, which strengthens the immune system, can make transplant immunosuppressant drugs less effective.

If you ever think about taking supplements, or other therapies, protect yourself by talking with your doctor and pharmacist first. To learn more, read Module 15—*Alternative Treatments*.

Writing down all of your vitamins and drugs may seem like a lot of work. But the list can help you to get the best care. Be sure to bring it along on your next doctor visit! The list will help your doctor to see exactly what you are taking, so he or she can make any changes, if necessary. Do you have more than one doctor? If so, show your list to all of them. Sometimes one doctor does not know what the others have prescribed for you. Your dialysis team may ask you to bring in your pill bottles once a month. You may feel like they're treating you like a child. Medication errors are common. Some dialysis nurses have learned by looking at a pill bottle that the drug filled was not the drug prescribed or that someone is not taking the prescribed drug correctly.

When you take many medications, it can be hard to take them all at the right time and in the right way. Some may be taken once a day, others a few times a day. Some must be taken with meals, others on an empty stomach. It can be very confusing and overwhelming to remember all of the details.

Even when you know what your drugs are and why you take them, it can be hard to remember them all. Do you think that any of the ideas below might help you? Check the ones that might work for you:

- Having a pill box for each day of the week
- Setting a timer or an alarm on my watch to remind myself

- Keeping a notebook where I can write each dose and time
- Hanging notes in various places to jog my memory
- Timing most drugs around a meal, bedtime, or routine task like brushing my teeth
- Other suggestions of what might work for me:

Managing Your Diet and Fluids

When healthy people eat and drink, their bodies use what they need and automatically get rid of the extra fluid and wastes. When the kidneys work, a lot of the body's wastes and extra fluids are removed

What Are Proteinuria and Microalbuminuria?

Proteinuria is protein in the urine, usually measured with a dipstick test. Protein is such a large molecule that it is too big to fit through healthy nephrons, the filtering units inside the kidneys. When protein is found in the urine, it often means kidney damage has occurred.

Microalbuminuria is microscopic amounts of protein (albumin) in the urine. It is found with a urine test. Studies show that people with diabetes who have microalbuminuria are at higher risk for kidney disease. If microalbuminuria is found early, treatment with ACE inhibitors or ARBs (types of blood pressure pills) can help protect kidney function. Guidelines from the American Diabetes Association say that all people with diabetes should have their urine checked for microalbuminuria once a year.



in the urine. As the kidneys start to fail, or when they have failed, protein waste products, extra minerals, and fluid build up in the body.

One way to feel better when your kidneys don't work is to reduce the burden on the body—by changing what you eat and drink.

In Module 9—*Nutrition and Fluids for People on Dialysis*, you can learn more about meal plans. In this module, we'll touch on three points to help you with your overall diet and fluid management:

- 1 Getting enough calories
- 2 Keeping an eye on protein
- 3 Watching fluid intake

Some people whose kidneys are failing don't have many symptoms. Others feel like they have the flu—all the time. Kidney failure can cause loss of appetite. Food may taste “funny,” like metal or ammonia. Meat, chicken, and fish may become foods you just can't face. Even old favorites may lose their appeal.

If you are very overweight, losing some weight because you are just not hungry probably won't hurt you. But, if you are normal weight or underweight, you could become malnourished if you don't get enough calories. Malnutrition

is linked with a higher risk of infection, hospital stays, and death in people with kidney disease.

If your appetite is poor, if you are losing weight, or if you feel tired all the time, be sure to tell your doctor. It may be helpful for you to see a dietitian, who can do tests to make sure you are getting enough nutrition.

If your kidneys are failing (but have not failed completely), you may get special food instructions from your doctor or dietitian. If you have kidney damage, but not kidney failure, you may be asked to:

- Drink lots of fluids to help flush out wastes.
- Eat less salt, to help with blood pressure and to keep you from retaining fluid.
- Eat less protein (found in meats, fish, chicken, turkey, eggs, peanut butter, soy, etc.).

Some patients feel that eating less protein is something they can do to have some control over their kidney problem. Ask your doctor about your protein needs.

People who start dialysis may be told to do just the opposite of what they were doing before! It may seem as if the dietitians or doctors can't make up their minds, or don't really know what they are doing. But trying to help failing kidneys last longer is very different from replacing kidney function.

A Tip to Measure Fluids

Here's one way that people on standard in-center HD have mastered fluid measures. Using a measuring cup, measure out your *whole* fluid amount for the day and put it into a pitcher or jar. Each time you drink, use the cup you drank from to remove that amount of fluid from the pitcher. In a day or two, you'll get a good feel for how to stay within your fluid amount and how to spread it out over a day.





For example, people on dialysis may need to eat extra protein to be sure they stay healthy and don't get malnourished. People on PD may gain weight, even though they do not eat more calories, because their dialysate fluid contains a kind of sugar. This "sugar" serves a purpose: it helps to remove the excess fluid from the body. But it also provides calories, even without eating!

Instead of drinking lots of fluids, people who do standard in-center HD three times a week need to cut back—because dialysis is not done long enough or often enough to remove as much fluid as healthy kidneys. In the short term, having to remove too much fluid during dialysis makes treatments uncomfortable by causing dizziness, nausea, muscle cramps, headaches, and faintness. (Doing HD treatments daily or at night while you sleep removes much more fluid more gently, and is easier on the heart.)

Over time, gaining too much fluid between treatments can become a burden on your heart and lungs. The heart can be stretched like a water balloon. Once stretched, the heart does not return to its normal shape. Instead, the flabby muscles must work harder and harder. This is called congestive heart failure, and is a major cause of death for people on dialysis. Too much fluid can also cause shortness of breath.

On standard in-center HD, the amount of fluid you can drink depends on how much urine you make. If you make a lot of urine, you can have more fluid. If you don't make urine, you need to drink less fluid. Your doctor and dietitian will decide a fluid allowance for you each day, based upon your urine output. The goal is to balance the amount you take in and the amount removed. Your job is to keep your fluid intake as close as possible to your doctor's prescribed amount each day. Although challenging, it can be done.

What Are the Signs of Congestive Heart Failure?

Your heart pumps blood through your body. Heart failure means that your heart pumps too weakly to keep up with your body's needs. Without a strong blood flow from your heart to the rest of your body, you feel tired and worn out. Also, blood backs up in your veins. Fluid can seep out of your veins and build up in your lungs and other parts of your body. This extra fluid can make it hard to breathe, and can build up in your legs, ankles, and other parts of your body.

Symptoms of congestive heart failure include:

- Shortness of breath
- Decreased exercise tolerance

- Muscle weakness
- Swelling of the legs, feet, or ankles
- Swollen neck veins
- Abdominal swelling, pain, or nausea
- Mental confusion
- Palpitations (extra heart beats)
- Fast heartbeat

Some of these symptoms can also be caused by other conditions. If you are concerned about symptoms that you or a loved one has, ask your doctor.



To help you take in the right amount of fluid, you must know what is considered a fluid and what is not. Check the items below that you think are fluids that should count toward your daily limit:

- Water
- Ice or ice chips
- Soda pop
- Beer
- Coffee
- Ice cream
- Popsicles
- Soup
- Gravy
- Jello® or gelatin

Okay, so it's a trick question of sorts. *Everything* on the list is a fluid. The ones that throw some people off-track are soup, gravy, and ice cream, because we tend to think of them as foods and not liquids. The rule of thumb is any food that is liquid at room temperature (popsicles, ice cream, ice, etc.) and foods with high fluid content (gravy, soup, etc.) are fluids that count in your daily limit.

Until you get used to how much fluid you can safely drink, it's a good idea to measure it. Use measuring cups full of water to learn how many ounces your coffee mug, juice glass, and regular glass hold. Ask for samples of fast food cups in different sizes, and write the ounces on the side of each cup with a magic marker. With practice, you'll know just how much fluid a cup holds.

As you work at following your fluid intake, you can help yourself by using less salt in your diet. Salt makes you thirsty, makes your body hold more water, and contributes to high blood pressure and weight gain. Because nearly all foods have small amounts of salt, you can't remove all salt from your diet. Talk with the dietitian to learn of other ways to make your favorite foods tasty without adding salt. Most people find that foods taste very bland at first, but once they get used to less salt, they prefer it and find "normal" foods too salty!

Salt is not the only cause of thirst. Some drugs have thirst as a side effect. If you find that you're thirsty all the time, ask your pharmacist whether any of your drugs might be the reason. If the answer is yes, talk to your doctor about whether a different drug might work for you.

Here are some tips other people on standard in-center HD have used to cut fluid intake and fight thirst:

- Suck on hard candies or mints (sugar-free if you have diabetes).
- Use moist mouth swabs.
- Swallow pills or capsules with soft foods (like applesauce or pasta) instead of using fluid.
- Drink your fluids very cold, or even frozen (as ice cubes or "slushies").
- Put a bottle with your entire daily amount of your favorite fluid in the fridge. When it's empty, you're done for the day.
- Buy and freeze plastic liquid-containing party ice cubes. Suck on them to get a nice, cold feeling without fluid (make sure these are large enough to avoid choking and free of leaks).
- Eat soups, stews, and cereals with a fork to avoid the liquid.





Managing Dialysis

Even when dialysis is needed, standard in-center HD three times per week only replaces about 10% to 15% of normal kidney function. Longer and more frequent treatments such as daily or nocturnal HD remove more fluid and wastes, so most patients who do them feel much better. This means that people who need dialysis have the important job of making sure they get as much treatment as possible to feel their best. Depending on the type of dialysis, the doctor will prescribe a certain number of treatments each week to help filter out the wastes and extra fluid that build up when the kidneys fail.

Many people on dialysis think that if they are feeling good, they are getting enough dialysis, or maybe even too much. Feeling good is a key measure of getting enough dialysis. But people who rely just on how they feel may be tempted to skip a treatment or shorten their treatment time.

Over time, not getting enough dialysis causes waste products to build up in the blood. This leads to breathing trouble, weakness, itching, poor appetite, nausea, and weight loss. It can also lead to serious problems such as infections, prolonged bleeding, and heart damage. Every minute on dialysis counts. *There is no such thing as too much!*

It is very important to get the prescribed amount of dialysis or even to ask for longer or more frequent treatments.

There are a number of things that could shorten a standard in-center HD treatment:

- Arriving late or leaving a treatment early
- Alarms that shut the dialysis machine off temporarily
- Bathroom breaks
- Leg cramps (these can be caused by drinking too much fluid)
- Low blood pressure

In the long run, getting less dialysis means getting sicker, feeling worse, and not being able to do the things you love. If any of these or other interruptions occur, the nurse may ask you to

What One Patient Says About Getting Every Treatment

“I have never skipped a treatment. I have been on hemo since December 1996. I asked to have my treatments lengthened from 3 1/2 hrs. to 4 hrs. even though my ‘numbers’ were excellent. I think I feel better with the extra time—and that is what counts. I know of three people who skipped treatments. One is dead, one is mentally unbalanced and the doctors are trying to get her treatment before she kills herself, and the other is slowly dying but will not increase treatments because he thinks alternative medicine (herbs and tonics) will cure his kidney failure (this is what a man who is known as a healer and is very popular throughout Indiana told him). The docs have tried to reason with him, as have nurses and other patients, but the man and his family are believers. He looks like he has about another month if nothing is done. I am told he skips every other treatment.” —Donna S.



make up the time. If, for some reason, that doesn't happen, then ask to make it up!

HD also requires a vascular access—a special blood vessel that is surgically created to handle the high blood flow rates created by the dialysis machine. There are a limited number of blood vessels in the body that can be used for dialysis access—so each one has to count.

Caring for your vascular access so it will last as long as possible is another major part of managing your dialysis treatment. Infections, injuries, or blockages of the access may mean more drugs, special procedures, or surgery to fix or replace the access.

For PD to work, every exchange must be done. It's okay to shift the time of exchanges a little

bit—to run an errand or attend an event—but skipping exchanges means getting less dialysis.

If you are having trouble getting all of your PD exchanges done, tell your nurse. Don't be afraid to take part in suggesting solutions! Taking this type of initiative is part of managing your care—and your life with kidney failure.

PD requires a catheter—a soft, plastic tube that is surgically placed in the abdomen so that dialysate fluid can be put into the belly. Proper technique must be followed for each exchange to avoid infections that can cause permanent scarring and make PD impossible. Caring for your catheter so that it will last as long as possible is another important part of managing your dialysis.

Here Are Some Valuable Tips for Hemodialysis Access Care

- Keep your access clean. Wash your access with antibacterial soap and iodine *or* alcohol before it is used for dialysis.
- Tell the nurse if your access is warm, red, has pus, or you have a fever.
- Learn how to feel the thrill (vibration) of the access and listen for the bruit (buzzing) in your access. Changes in the thrill or bruit help to diagnose when a blockage may be present in the access.
- Do not carry heavy weight across the access—but do go on with normal activities and use of the access limb. Squeezing a rubber ball or lifting moderate-sized weights can help the access develop and keep blood flow strong. Ask your doctor about it!
- Avoid pressure on the access during sleep.
- Exercise (as instructed) with a squeeze ball.
- Do not allow blood pressure checks or blood draws from the arm with the access.





Managing Your Goals

The goal you are shooting for, whether with drugs, food and fluids, or dialysis treatment, is to make informed, healthy choices. You are aiming for the best possible care, but it is hard to achieve perfect control and balance all the time.

There will be days when you slip from being an active manager of your treatment plan to being a disgruntled employee. But rest assured that this will fade as you take back control of your treatment by making healthy choices.

When you lose your bearings about how to manage your treatment plan in a healthy, proactive manner, read this module again to refresh your perspective.

Here Are Some Valuable Tips for PD Catheter Care

- Clean your exit site daily with an antiseptic soap or regular soap and water, depending on what your doctor prefers.
- Avoid moving the catheter around or tugging on it. Taping the catheter securely to the skin or, if tape bothers your skin, using a special kind of belt to secure it can help keep it in place.
- Take showers instead of baths to keep clean. Baths expose your catheter to germs in the water that have washed off your skin. These germs can cause exit site infections.
- Some doctors recommend against swimming in lakes, rivers, and ponds, as germs in these bodies of water can also lead to several types of infections. Talk with your doctor before swimming anywhere (this includes pools or hot tubs). If the catheter can be covered with a reliable waterproof dressing, swimming is possible.

It's time to wrap up this module on following your treatment plan. But before we do, we want to give you a Personal Plan to help you get a start on some of the most important ideas in this module. We encourage you to put it where it will remind you of the goals toward which you're working.



Personal Plan for _____

Following Your Treatment Plan

My Treatment Plan Involves Managing My:

- Medications
- Diet and fluid intake
- Dialysis sessions (if applicable)

I am responsible for most of my day-to-day decisions regarding my health.

Managing My Medications

It's my job to make sure I take the correct amount of my prescribed supplements and drugs in the proper way and at the right times.

I plan to take my entire list of supplements, medications, remedies, and therapies with me to my next visit with the doctor to discuss each one.

Managing My Diet and Fluid Intake

I will follow my prescribed meal plan and fluid guidelines, if I have them. If I can't maintain these standards, I will consult with my doctor and/or dietitian as soon as possible.

Ways to cut my fluid intake and fight thirst include:

- Suck on hard candies or mints (sugar-free if I have diabetes).
- Use moist mouth swabs.
- Swallow pills or capsules with soft foods (like applesauce or pasta) instead of using my fluid allowance.
- Drink my fluids very cold, or even frozen (as ice cubes or slushies).
- Put a bottle containing my entire daily allowance of my favorite fluid in the fridge. When it's empty, I'm done for the day.
- Buy and freeze plastic liquid-containing party ice cubes. Suck on them to get a nice, cold feeling without fluid.
- Eat soup and cereal with a fork to avoid the liquid.

Managing My Goals

My goal as an active manager of my treatment plan is to make healthy day-to-day choices and continue learning all I can. The more proactive I am, the more control I will feel over my life with kidney disease.





Take the Kidney Quiz!

You'll see how much you're learning if you take our quick kidney quiz. It's just 9 questions. How about it? (*Answers are on page 4-2.*)

- 1. The main reason for telling your doctor about additional supplements you might be taking is:**
 - a) So you won't waste your money on unnecessary products
 - b) So you can avoid potentially harmful interactions with other medications
 - c) So you can help your doctor learn about alternative medicine
 - d) So you can boost the sales of the supplement manufacturers
- 2. The value of knowing the name, appearance, and purpose of each prescription medicine you are taking is:**
 - a) So you can make pretty designs with your pills
 - b) To avoid mistakes, like taking the wrong pill
 - c) To be able to know how much your medications cost
 - d) To trade off which pills you take
- 3. Helpful ways to remember your medications include all of the following except:**
 - a) Setting a timer or alarm on your watch
 - b) Having pill boxes for each day of the week
 - c) Asking your doctor or nurse to call you each day
 - d) Keeping a notebook to write down the dose and time
- 4. The right amount of dialysis is determined by how people feel physically:**
 True False
- 5. People with kidney disease who don't eat enough calories and quality protein could become:**
 - a) Malnourished
 - b) Overweight
 - c) Hyperactive
 - d) Nearsighted
- 6. The amount of fluid dialysis patients can consume each day is based on:**
 - a) How thirsty they are
 - b) How much urine they make
 - c) The types of fluids they enjoy
 - d) Whether they are a "water" sign
- 7. Solid foods can be considered fluids if they have a high fluid content or become liquid:**
 - a) At freezing temperature
 - b) At room temperature
 - c) At boiling temperature
- 8. In people with kidney failure, the "wastes" left over from foods and fluids are removed from the blood through:**
 - a) Blood transfusions
 - b) Magnets
 - c) Dialysis
 - d) Flushing it out by drinking more fluids
- 9. If you use hemodialysis or PD, the main responsibility for caring for your access or catheter belongs to:**
 - a) Your doctor
 - b) Your nurse
 - c) A dialysis technician
 - d) You



Additional Resources

In addition to the free Life Options materials you can find at www.lifeoptions.org, the resources below may help you learn more about the topics in this module of Kidney School.

PLEASE NOTE: Life Options does not endorse these materials. Rather, we believe you are the best person to choose what will meet your needs from these or other resources you find. Please check with your local library, bookstore, or the internet to find these items.

Books:

- 1 ***Help, I Need Dialysis!*** by Dori Schatell, MS, and Dr. John Agar
(Medical Education Institute, 2012, http://www.lifeoptions.org/help_book, ISBN-13: 978-1937886004)
Easy to read, fully referenced book covers the lifestyle impact of each type of dialysis—including information on how the different dialysis modalities compare, so you can choose the best fit for your lifestyle.
- 2 ***2008 Dialysis of Drugs***, by Curtis A. Johnson, PharmD
This pocket booklet describes what is currently known about which drugs are removed by hemodialysis and/or peritoneal dialysis. To obtain a PDF copy, visit www.ckdinsights.com or call (800) 847-0069, option 3.

Websites:

- 1 *RxList – The Internet Drug Index* is a site where you can look up drugs (even if you're not sure of the correct spelling) and learn about side effects, drug interactions, and much more. Visit the website at www.rxlist.com.
- 2 For an online seminar, visit the American Association of Retired Persons at www.aarp.org/learntech/wellbeing/meds_and_you_intro.html.

