



We provide trusted, compassionate and expert health care to our community members to improve their health, independence and dignity.

Cornerstone VNA is an independent nonprofit organization. Our programs include:

HOME CARE

Advanced care by an interdisciplinary team for patients with complex medical issues

HOSPICE CARE

End-of-life care including physical, emotional and spiritual comfort

PALLIATIVE CARE

Specialized care and symptom management for people with chronic illnesses

LIFE CARE

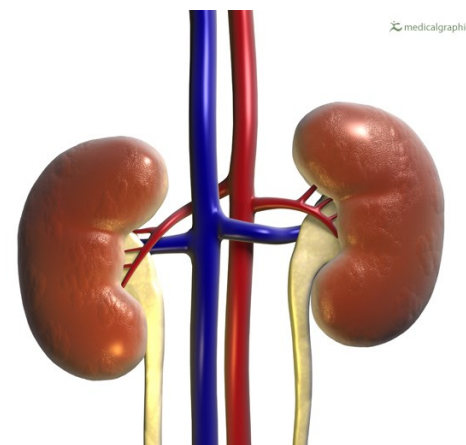
Private duty program to help people “age in place”

COMMUNITY CARE

Community outreach, wellness clinics, educational programs, and caregiver support

To learn more about our health care programs call 800-691-1133 or visit our website, cornerstonevna.org.

Main Office: 178 Farmington Road, Rochester, NH 03867



LEARN HOW TO MANAGE YOUR CONDITION

Disease Process and Risk Factors

The Role of Medication, Diet, and Exercise

Steps YOU Can Take to Improve Your Health

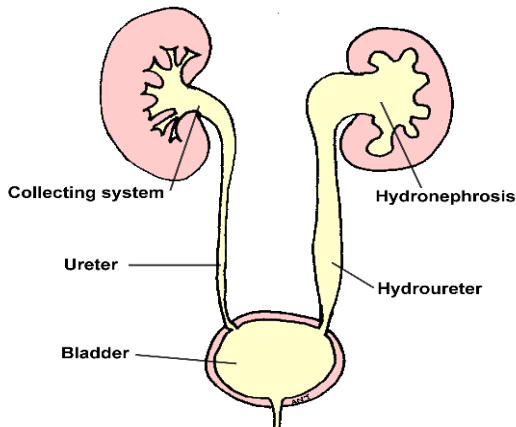
603-332-1133

Kidney Disease Can be Managed

This booklet was put together to help you understand your role (“self-care”) in keeping your kidney disease under control.

Self-care includes:

1. Monitoring yourself for symptoms and taking action right away when they occur
2. Understanding your Kidney Disease and how it can be managed
3. Taking your medicines as ordered by your doctor
4. Understanding Dialysis and how to care for your access device
5. Exercising and staying active
6. Seeing your doctor regularly



Resources and References

American Kidney Fund was the main resource for this information

www.KidneyFund.org

The screenshot shows the American Kidney Fund website. The header includes the logo and navigation links for Patient Programs, Kidney Disease, Are You at Risk?, and Professional Education. A search bar is visible. The main content area is titled "Kidney Disease" and lists various topics under "Kidney Problems" such as Blood in Your Urine (Hematuria), Protein in Urine, Kidney Stones, Nephrotic Syndrome, and Acute Kidney Injury. There is also a section for "Kidney Problems and Kidney Disease" with a photo of a healthcare professional and a patient, and a brief text about kidney health.

My Personal Plan

My Personal Plan: (continued)

Things that would help me meet my goal:

My confidence in being able to meet my GOAL:

0 1 2 3 4 5 6 7 8 9 10
Not Very
Confident Confident

For More Information

Kidney Fund — HelpLine at 866.300.2900

Local Resources: Nephrologist

CORNERSTONE VNA

178 Farmington Road, Rochester, NH 03867
603-332-1133

My Nurse is: _____

Take this booklet with you to your doctor appointment.

Normal Kidneys

What do your kidneys do?

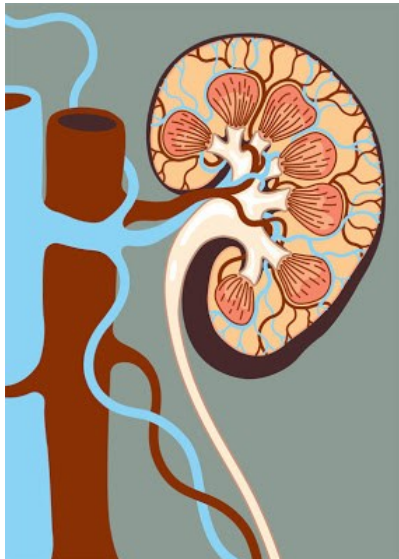
- Your kidneys filter wastes and extra water from your blood to make urine. Your kidneys also:
- Keep the chemical balance in your body
- Help control your blood pressure
- Help your bones and teeth stay strong
- Direct your bones to make red blood cells-which deliver oxygen through your body

How do your kidneys work?

- The renal (kidney) artery takes blood from your heart and brings it to your kidneys. (An artery is a blood vessel that carries blood away from your heart and through the body.)
- Once the blood reaches your kidneys, wastes and extra fluid are filtered out of your blood and made into urine.
- Your urine then goes to your ureters (large tubes that carry urine from your kidney to your bladder).
- The clean blood is circulated back to your heart through the renal vein. (A vein is a blood vessel that carries blood from your organs back to your heart)

Chronic Kidney Disease

- Lasting damage to the kidneys that can get worse over time
- If the damage is very bad, your kidneys may stop working. This is called end-stage renal disease (ESRD). If your kidneys fail, you will need dialysis or a kidney transplant to live
- Early Chronic Kidney Disease has no symptoms. The only way to know for sure is to get tested. By the time symptoms appear, the disease is at a late stage and dialysis or a kidney transplant may be needed
- The goal of treatment for a person with Chronic Kidney Disease is to slow down or stop the disease. This is done by strict blood pressure control, strict blood sugar control, and following a prescribed diet



My Personal Plan

My Personal Plan:

I would like to work on the following areas to manage my incontinence:

- Taking my Medications
- Regular Exercise
- Care of my Access Device
- Understanding my Diet
- Other

My Personal Plan:

My GOAL for the next month is:

Possible problems in meeting my goal:

Activity



You should monitor yourself for *fatigue* and *shortness of breath* when you exercise. Your home care nurse or therapist will teach you how to use the Borg scale so that you can rate your shortness of breath and/or fatigue during activity and exercise.

Modified Borg Scale

| Scale | Severity |
|-------|--|
| 0 | No breathlessness/fatigue at all |
| 1 | Very Slight Breathlessness/Fatigue |
| 2 | Slight Breathlessness/Fatigue |
| 3 | Moderate Breathlessness/Fatigue |
| 4 | Somewhat Severe Breathlessness/Fatigue |
| 5 | Severe Breathlessness/Fatigue |
| 6 | |
| 7 | Very Severe Breathlessness/Fatigue |
| 8 | |
| 9 | Very, Very Severe Breathlessness/Fatigue |
| 10 | Maximum Breathlessness/Fatigue |

Leading Causes of Kidney Failure

- 31 million people in the US have chronic kidney disease
- Diabetes causes 38.4% s of all cases of kidney failure
- High Blood Pressure causes 25% of all cases of kidney failure
- Other risk factors include heart disease, family member with kidney disease, over the age of 60 or are African-American, Native American or Asian



Kidney Staging and Symptoms

Kidney disease is a chronic, progressive disease. There are specific symptoms that are associated with each stage.

Early chronic renal disease – Stages 1-2

- Physical– usually no physical symptoms
- Blood and urine tests show abnormalities
- Treatment– may involve some mild dietary changes and a blood pressure medication may be prescribed

Advanced chronic renal disease – Stages 3-5

Physical – You may feel normal at this stage or you may begin to experience one or more of the following symptoms:

- Tired or fatigued, puffiness/swelling in hands or feet and ankles, eyes, dull aching back pain in the mid to lower portion of the back, foods may start tasting “funny”, changes in the amount, color and frequency of urine, high blood pressure, poor digestion

Late Renal Disease – Stage 5

- Anemia, bleeding/bruising, headache, fatigue, weakness, trouble concentrating, nausea/vomiting, thirst, muscle cramps, itchy skin/eyes, skin color changes, swelling/puffiness, high blood pressure, decreased urine output, poor digestion

Vascular Access Device

How Can I care for my Vascular Access

For all types of vascular access:

- Keep your vascular access clean and dry at all times
- Ask your homecare nurse if you have any questions

For Catheters:

- Avoid showers and swimming– You may use a tub seat and a hand held hose to carefully shower your lower body; wash hair in sink; sponge bath only to upper body.

For AV fistulas and AV grafts:

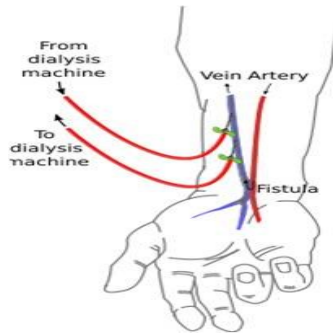
- Pain and edema are common after the access is created; rest and elevate. Do not put ice packs on the access site as this can cause clotting
- Avoid sleeping on your access arm, and keep tight clothing and jewelry away from your access. As a general rule, anything that leaves a mark is too tight.
- Ask your homecare nurse how to check the pulse (thrill) in your access. Check it every day and call your doctor or dialysis center if you can't feel the thrill or notice any redness around your access.
- Don't lift heavy objects that may press directly on your access
- NEVER have blood drawn or blood pressures done in your access arm
- Wait 4-6hours after hemodialysis treatment before removing the pressure dressing from the access site.

Hemodialysis

- Hemodialysis uses a machine to clean your blood. During treatments , your blood travels through a tube into the machine. There, it goes through a special filter (called a dialyzer), which removes waste and fluid. The cleaned blood then flows through another tube back into your body
- Before you can have hemodialysis, you will need to have a “vascular access”. This is the place on your body where your blood goes in and out during treatments. There are different types of vascular access

What are the types of Vascular Access?

- **AV fistula/graft** — when an artery is directly connected to a vein (fistula) or a special tube connects the artery to a vein (graft). This is done by surgery. It is usually done in your non-dominant arm (the arm that you do not use as much). This is the best type of vascular access



- **Central Venous Catheter** — is another type of vascular access. It is a tube that goes directly into a vein, usually in your neck or chest. A catheter does not need time to heal, so it can be placed right before your first dialysis treatment. “ A catheter should only be used in an emergency and for a short amount of time

Kidney Disease Can be Managed

Chronic renal disease can't be fixed, but you can take steps to help slow it down and to stop the kidneys from getting worse.

- Control your blood sugar if you have Diabetes
- Keep a healthy blood pressure
- Eat a heart healthy diet (low in salt and fat)
- Exercise most days of the week
- Keep a healthy weight
- Do not smoke or use tobacco
- Limit alcohol
- Talk to your doctor about medications that might help protect your kidneys



Medications

Medications to treat high blood pressure:

Most people with CKD have problems with high blood pressure. Medications that lower blood pressure to keep it in a target range to help stop any more kidney damage.

These may include:

- ACE inhibitors
- Angiotensin II receptor blockers (ARBs)
- Beta blockers
- Calcium channel blockers
- Diuretics
- Vasodilators

Medicines to treat symptoms and complications of Kidney Disease:

Medications may be used to treat symptoms and complications of CKD. These may include:

- Erythropoietin (rhEPO)- stimulates the production of new red blood cells and may decrease the need for blood transfusions
- Iron replacement therapy for anemia
- Medicines for electrolyte imbalances
- Diuretics to treat fluid buildup
- ACE inhibitors

Medications used during dialysis:

Both Erythropoietin (rhEPO) therapy and iron replacement therapy may also be used during dialysis to treat anemia

- Erythropoietin (rhEPO) stimulates the production of new red blood cells and may decrease the need for blood transfusions
- Iron therapy can help increase levels of iron in the body
- Vitamin D helps keep bones strong and healthy

Nutrition

When your kidneys are not working well, wastes from what you eat and drink build up in your blood instead of being removed by your kidneys. That's why a special diet is important for you to follow. Some foods may need to be changed in your diet . These may include limits on protein, carbohydrates, fat, fluid, sodium, potassium and phosphorus. You will also need to watch your calories. Ask your doctor or dietitian if you should change any of these parts of your diet.

My restrictions include:

Protein:

Carbohydrates:

Fat:

Fluid:

Sodium:

Potassium:

Phosphorus:

