

Long-Term Care Facility Information for Dialysis Residents

*Tips and Best Practices for End Stage Renal Disease
(ESRD)-Specific Patient Care*

Day-to-day and Emergency Care



ESRD Networks 7, 13, 15, 17, 18

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*This document is meant to be used as a general tip sheet.
 Every dialysis patient has an individualized prescription and specific needs.
 Close collaboration between the long-term care and dialysis facilities is crucial.*

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General Information

Know Your ESRD Network

In its role as an End Stage Renal Disease (ESRD) Network, HSAG provides quality improvement, data management, grievance investigation, technical assistance, and patient and professional education services for more than 1,990 dialysis providers and over 161,000 dialysis patients in the states of Florida (Network 7); Oklahoma, Louisiana, and Arkansas (Network 13); Arizona, Colorado, Nevada, New Mexico, Utah, and Wyoming (Network 15); America Samoa, Guam, Hawaii, Mariana Islands, and Northern California (Network 17); and Southern California (Network 18). The ESRD Networks’ goal is to efficiently and effectively increase the quality of care and quality of life for ESRD patients. All HSAG ESRD Network activities are focused on promoting patient-centered care as well as patient and family engagement at the provider level.

HSAG ESRD Network	Phone Number	Website
7	800.826.3773	https://www.hsag.com/en/esrd-networks/
13	800.472.8664	
15	800.783.8818	
17	800.232.3773	
18	800.637.4767	

Know Your Dialysis Organization

It is important for all administrative, nursing, and direct service staff in your facility to have access to the following information. Keeping this contact information in a place that is easily accessible will help facilitate improved care and care transitions for your dialysis-dependent patients.

Name of Dialysis Facility: _____

Address: _____

Phone Number: _____

Fax Number: _____

Charge Nurse: _____

Renal Dietician: _____

Social Worker: _____

Nephrologist: _____

Clinical Manager: _____

Back-Up Clinic (In case of emergency): _____

Back-Up Clinic Phone Number: _____

Legal Agreement

Based upon your state requirements, please determine the need to have a facility agreement between your long-term care facility and the dialysis facility. This should be done upon admission of a dialysis-dependent patient. Having such legal agreements in place avoids the necessity of requesting they be negotiated at the time of survey. Once an agreement is in place with a stated dialysis facility, the agreement is implicit with the emergency back-up facility. However, should there be a change in the dialysis facility with which you have an agreement, a new agreement will need to be signed.

Emergency Preparedness

Every facility should have an emergency plan to care for their dialysis-dependent patients' very specific needs in the event of any disaster, manmade or natural. Because dialysis patients will die without scheduled dialysis treatments or special diets to accommodate breaks in treatment, it is highly recommended that, **in advance of any emergency**, you and essential staff:

- Visit the Kidney Community Response (KCER) Coalition website at <https://www.kcercoalition.com/> to access information specific to the care of dialysis patients in the event of an emergency.
- Work with your designated dialysis facility to create a plan of care for your dialysis-dependent patient that includes:
 - An emergency diet/fluid plan in the event the patient is unable to get to a dialysis facility.
 - Where the patient should go if his or her regular dialysis facility is not open.

Nutrition Recommendations to Keep Your Dialysis Patients Healthy

The Diet Order

Renal patients have special needs; many may need liberalized diets and supplements to help them meet calorie and protein needs. Providing high protein meals, as well as frequent snacks will help them eat enough. A renal high-protein diet must provide:

Dietary Element	Requirement
Calories:	30–35 kcal per kilogram (KG) of body weight
Protein:	1.0–1.2 grams (g) per KG body weight—at least 65% high-value from animal sources
Sodium:	2–3g sodium diet or no added salt- (NAS)-adjusted for fluid gains/blood pressure control
Potassium	2–3g
Phosphorus	800–1,000 milligrams (mg)

Note: Dialysis residents, who are also diabetics, need a consistent carbohydrate (CCHO) diet, as indicated by patient medical history and glucose monitoring.

Allowed High-Protein Foods	Examples of High-Protein Snacks
Eggs	→ Boiled eggs, egg salad sandwich
Beef (roast, ground, or shredded)	→ Roast beef sandwiches
Chicken/Turkey	→ Chicken salad sandwich, turkey sandwich
Fish, seafood and tuna	→ Tuna salad sandwich
/High protein dairy products	→ Greek yogurt cups, ½ cup cottage cheese with canned fruit
Fresh pork: roast, pork chops	
Nutritional supplements	

Note on Nutritional Supplements: If a resident is eating less than 75 percent of food provided and/or has undesired weight loss, and/or declining protein stores, a nutrition supplement is recommended.

If a resident’s weight or weight loss is not a concern but more protein is needed, a protein-only

supplement is helpful. Offer supplements between meals or at bedtime to allow residents to eat as much as they can during regular meal time.

If the resident is vegetarian or vegan or has other specific dietary requirements in addition to his/her dialysis diet, please consult the dialysis clinic dietitian to set up a specialized meal plan for him/her.

Liquid Supplements: Calories and Protein	Example Brands	Modular Protein Supplements
Renal type: High in calories Low in electrolytes	Nepro, Novasource Renal	Liquacel
Diabetic type: High in protein	Boost Glucose Control—vanilla or strawberry	Proteinex
If electrolytes are ok: High protein “regular”	2CalHN, Ensure Plus Boost Plus	Whey powder

Vitamin supplements are important for dialysis patients!

Dialysis-specific supplements, including B- and C-vitamins are best. They should be provided daily, always after treatments, as dialysis removes vitamins from the system.

The daily limit of vitamin C is 100mg, even in wound-care patients.

Do not provide extra fat-soluble vitamins, such as A, D, E, and K, as they may contribute to toxicity.

Potassium Management

Potassium levels of dialysis residents need to be controlled to prevent cardiac events, including irregular heart rate and heart attack. Some foods need to be limited or avoided altogether.

High-Potassium Foods to Be Limited or Avoided	Lower Potassium Substitutions
Limit: Oranges Avoid: Orange juice; <i>it raises sugar levels!</i>	Mandarin oranges, pineapple Apple juice, grape juice, cranberry juice, lemonade* *Drink low potassium juices or take glucose tablets for low sugar levels
Limit: Tomatoes Tomato sauce	Cucumbers White sauce, garlic sauce, or other low-sodium gravy
Limit: Potatoes, including hash browns, French fries, tater tots, potato salad, yams/sweet potatoes	Rice, pasta/noodles, pasta or macaroni salad, bread/rolls, cooked carrots, green beans, zucchini, corn, mixed vegetables
Limit: Banana, melons	Canned fruits, including peaches, pears, fruit cocktail, apple sauce, mandarin oranges; Fresh fruit, including grapes, pineapple, apple slices, berries

Phosphorus Management

Both diet and medication are phosphorus “binders” used to control phosphorus levels. High phosphorus, in the short term, may cause itching, skin rash, and/or red eyes. Long-term effects include bone and joint pain and vascular calcifications. Phosphorus binders can be:

- Calcium-based
 - e.g., calcium carbonate (Tums®) and calcium acetate
- Non-calcium-based
 - e.g., sevelamer carbonate, lanthanum carbonate
- Iron-based
 - e.g., velphoro, auryxia

Tips for Phosphorus Binder Use:

- Order binders during meals, with food.
 - May be needed with high-protein snacks.

It is ok to give binders with meals and snacks before dialysis treatments.

High-Phosphorus Foods to Be Limited or Avoided	Lower-Phosphorus Recommendations
Limit: Milk/dairy	Limit intake to ½ cup (4 ounces) daily Substitute unfortified rice or almond milk
Avoid: Cheese slices, cheese sauce, macaroni and cheese	Vegan cheese substitutes
Limit: Pudding/yogurt	Greek yogurt is ok—high protein food w/ binders
Limit: Peanut butter	Cream cheese, jelly
Limit: Chocolate	Vanilla, lemon, strawberry flavored treats
Limit: Dried beans and peas, baked beans	Mixed vegetables, allowed low-potassium vegetables
Limit: Soft drinks, including Coke®, Pepsi®, Dr. Pepper®, and Hawaiian Punch®	Sprite®, A&W Root Beer®, Ginger Ale®

Sodium and Fluid Management

Fluid Restriction: In general, dialysis residents should be restricted to **1500 milliliters (ml) of fluid daily**. This allows for 1200ml divided for meals/snacks and 300ml divided for nursing to give with medications. Rather than leaving a pitcher of water in the room and refilling it

throughout the day, provide patients/residents with specific quantities of water throughout the day to ensure plenty of access to fluids while attempting to avoid fluid overload.

Sodium Restriction: Dialysis residents should be restricted to of **2–3mg daily** or be on an **NAS diet** to limit thirst/ fluid intake and help to control blood pressure. Nursing staff should conduct clinical assessments daily to evaluate patients’ blood pressure, lung sounds, and edema. Such assessments are invaluable tools to assess fluid status.

Prevent Missed Meals on Dialysis Days

Since a controlled diet is so critical to dialysis residents’ health, they should be sent with a sack lunch to eat whenever they must be away from your facility.

Sack Lunch Ideas
High protein double-meat sandwich, “hold the cheese,” including turkey, roast beef, egg salad, tuna salad
Fruit cup: peaches, pear, mandarin oranges, fruit cocktail
Dessert/cookies: vanilla wafers, sugar cookies, shortbread, graham crackers
Drink: 8 oz or less of water or a juice box
Phosphorus binders, if prescribed

Nutritional Resources

- To get ideas for sack lunches for dialysis patients, visit: <https://www.kidneybuzz.com/five-5-fast-lunch-tips-which-ckd-dialysis-patients-can-safely-enjoy-on-the-go-and-boost-energy>.
- Additional nutritional resources are available from the National Kidney Foundation:
 - Cookbooks for Kidney Patients
<https://www.kidney.org/atoz/content/list-cookbooks-kidney-patients>
 - Food Safety is a Must
<https://www.kidney.org/atoz/content/foodsafety>
 - Dining Out With Confidence
<https://www.kidney.org/atoz/content/diningout>
 - Dietary Guidelines for Adults Starting on Hemodialysis
https://www.kidney.org/atoz/content/dietary_hemodialysis

Important Note: These nutrition recommendations provide general dietary guidelines. Every dialysis patient has an individualized prescription and specific needs. Please discuss individual dietary/supplemental needs with the dialysis dietician. Close collaboration between the long-term care and dialysis facilities is crucial.

Psychosocial Recommendations

Transportation Needs

Dialysis-dependent patients require routinely-scheduled rides to and from their dialysis facility. Most ESRD patients must receive their dialysis treatments three times per week. Schedules tend to be Monday-Wednesday-Friday or Tuesday-Thursday-Saturday and last, on average, four hours. Transportation should be scheduled well in advance to ensure that there are no unforeseen circumstances that prevent pick-up or return. Best practices include:

- Scheduling pick-up so that the patient will arrive at the dialysis clinic at least 15 minutes ahead of his or her scheduled dialysis treatment time.
 - If a patient is scheduled for dialysis at 2 p.m., he/she should arrive at the dialysis clinic no later than 1:45 p.m.
 - If the trip to the clinic takes 20 minutes, the patient should be picked up from the long-term care facility no later than 1:25 p.m.
- Scheduling return to the long-term care facility for 30 minutes after the patient’s scheduled treatment end time.
 - If a patient is scheduled to finish his or her dialysis treatment at 6 p.m., return to the long-term care facility should be scheduled for 6:30 p.m.

As with any medical appointment, sometimes there are situations that may cause a patient’s treatment to start late, or the patient may have issues during treatment that cause the treatment to take longer than normal. Dialysis facilities try very hard to minimize these occurrences. However, please be aware delays can happen, and the facility will do its best to stay in contact with you. If there is a specific person they should contact at your facility regarding delays, please provide that contact’s name and contact information to the dialysis clinic staff upon admission.

What a Patient Needs to Bring and Wear to Dialysis

Dialysis patients coming from your long-term care facility to the dialysis facility for treatment need to bring the items listed on the following page. Using a small bag to store everything is recommended. You will note that warm clothing is recommended. The process of dialysis tends to leave patients feeling cold, so these items are not optional but necessary. Also, be mindful that there is limited privacy in the dialysis clinic. Please do not send patients to treatment in a “gown.” Clothing should allow easy access to the patient’s dialysis site without causing embarrassment to the patient or others. Button-up tops and pull-on pants or sweat pants generally work well.

A patient's "go bag," which should go to every treatment with the patient, should contain:

- The **Patient Information Sheet** that includes:
 - The name and phone number of the long-term care facility.
 - Contact name at the facility.
 - Please ensure that the staff contact is generally on duty during the time of the patient's scheduled treatments.
 - Name and phone number of the transportation provider.
 - Personal information about the patient that might be relevant to care.
 - e.g., cognitive or mental concerns
 - Patient's emergency and medical power of attorney (POA) contact information.
- Copy of **patient's ID** and all **insurance cards**.
 - Only required for first visit or if there is an insurance change.
- Copy of **advance directives**.
 - When available.
- Copy of **durable Power of Attorney**.
 - When available.
- Copy of **Do Not Resuscitate (DNR) Order**.
 - When available.
- **Scarves/gloves/hats**.
 - Patients use these items to stay warm.
- **Blanket and pillow**.
 - Dialysis takes a long time, and these items help the patient to be comfortable.
- **Change of clothes**.
 - Just in case.
- **Things to occupy time**, including:
 - Puzzles.
 - Headphones to listen to music, relaxation programs, videos, and/or e-books.
 - iPad or kindle.
 - Please note that patients may not be able to move their arms easily, so hard copy books can be difficult to handle.
- **Food**.
 - Patients may be in the lobby for over an hour, and they can get very hungry.

- Small, renal-approved snacks and a small beverage can help.
- Some units do not permit food or beverages on the treatment floor.
 - Check with your dialysis facility and plan accordingly.
- **Durable medical equipment (DME) supplies**, as applicable:
 - Cushion or pressure pad, if applicable.
 - The patient will be sitting in one position for many hours; if he or she is at risk for developing sores, please send a cushion or pressure pad.
 - Hoyer sling.
 - If the patient cannot transfer him or herself into the dialysis chair, then they require a Hoyer Lift.
 - The sling should be transported with them, ready to use, on a Hoyer Lift.
 - Toilet supplies.
 - These should be individualized per your patient's needs.
 - Dialysis facilities are generally **not** prepared to care for colostomy needs, e.g.:
 - Supplies and bag changes.

Psychosocial Considerations: Patient Self-Determination and Adjustment Periods

The ongoing need for dialysis can be difficult for some people to accept. Being on dialysis is a choice. Some people choose to either not start or to discontinue dialysis. If one of your patients refuses treatment:

- Do not force him or her to attend.
- If he or she continues to refuse, ask if they are thinking about stopping dialysis, and if they are:
 - Call the unit social worker.
 - If appropriate and/or necessary, include family and/or caregivers in discussions.
 - Discuss end of life planning, including:
 - What quality of life means to them.
 - How they want their life to progress.
 - Who they want or need to have involved.
 - Discuss palliative care and hospice and when they see themselves needing these services.

Patients who are new to dialysis go through an adjustment period. It is typical for patients to experience a range of emotions when coping with being on dialysis. These can range from issues with adjustment, depression, grief, anxiety, anger, withdrawal, fear, loss of control and more. Additionally, new-start patients frequently have uremia, which can magnify feelings and emotions, impact memory, and how patients react to stressful situations. Be sure to communicate any concerns you have regarding a patient's adjustment and mental well-being with your facility's dialysis social worker.

Recommendations for the Nursing Staff

Care Planning Participation

Dialysis centers encourage patient participation in the care planning process. When a patient is in a long-term care facility, it is recommended that a family member and/or a nursing home representative be included, by phone or in-person, during the care plan meeting to review patient outcomes and develop an appropriate plan of care.

Patients are asked to complete a quality of life screening tool prior to the care plan meeting. Please encourage your patient to complete and return this important survey if they are able to do so. Their responses help the dialysis team to focus interventions on areas that mean more to the patient. It is imperative that the responses reflect the patient voice. Facility staff can read the questions to the patient if he or she needs assistance, but staff should not sway or dictate patients' responses.

Access Care

Arteriovenous fistulas (AVFs) and grafts (AVGs) require a great deal of care to remain functioning and infection-free. Please follow the following guidelines when caring for dialysis-dependent patients with AVFs or AVGs:

- **Never** take a blood pressure or perform any blood draws from the access extremity.
- The vascular access should be assessed daily.
 - Check for a thrill (vibration felt) and bruit (swishing sound).
 - Please contact your local dialysis facility for further education on this.
- AVF/AVG dressings should be removed four to six hours post-dialysis.
 - **Do Not** leave dressing in place until next scheduled treatment.
- If a patient's access site is oozing, apply moderate pressure until bleeding subsides.
 - **Do Not** use pressure dressings or bandages that will restrict blood flow. If bleeding continues, this needs to be evaluated by physician for further intervention.

- Please notify the patient’s dialysis facility of this complication so appropriate intervention may be planned.
- If a patient is scheduled for an appointment with interventional radiology or vascular, it is imperative that patients attend these appointments.
 - These appointments are difficult to get.
 - Please do all you can to help your patient get to these appointments.

Central Venous Catheters (CVCs) are another type of dialysis access requiring specialized care. Ask your facility to review patient-specific care instructions for CVCs with your nursing staff.

- A patient’s CVC should have a dressing in place that should only be changed if it becomes soiled or wet.
- Dressings are changed every dialysis treatment. If a patient misses dialysis, please contact your facility for further instructions.
- **Do Not** use a patient’s CVC for blood draws or medication administration without direct approval from the nephrologist.

Transfer Restrictions for Dialysis Staff (Transfer of Patient In/Out of Chair or Vehicle)

Dialysis facility staff are not permitted to lift patients into/out of chairs or vehicles. If a patient requires transfer assistance, such as the user of a Hoyer Lift, please contact the dialysis facility on the type of sling required by the facility. If patients who require transfer assistance are brought into the facility without a sling in place, they may be refused treatment for safety purposes. Please discuss special transportation arrangements, such as ambulance transport, with the dialysis facility in advance of regularly-scheduled treatment.

Additionally, dialysis staff are not allowed to go into the parking lot to help patients out of their transportation vehicle. The patient must be brought into the lobby by transportation or an aide from the long-term care facility.

Important Reminders Regarding...

- Blood pressure
 - If a patient has low blood pressure, please call the dialysis facility for further instruction.
 - Do not take patient to the facility and drop them off.

- Labs
 - Please remember your dialysis patient may have abnormal labs as a baseline.
 - An example would be a high creatinine or blood urea nitrogen (BUN).
 - Abnormalities in electrolyte levels (in particular, sodium, potassium, and calcium) may be potentially life threatening, so discuss appropriate limits and parameters with the patient’s dialysis clinic and physician
 - Always, communicate the results of electrolyte levels obtained at your facility to the dialysis facility.
- **Do Not** bring a patient to dialysis when he or she:
 - Has an active airborne-/isolation-type infection unless prior approval is received from the dialysis facility.
 - This requires communication between the long-term care and dialysis facilities.
 - Is unconsciousness.
 - Has experienced a severe change in mental status.
 - Is combative.
 - Is refusing to go.
 - Has active emesis and/or diarrhea.
 - The facilities will need to work together to reschedule treatments.
 - Has a pending C-Diff test.
 - Please notify the dialysis facility for appropriate precautions/isolation instructions.
- Sending patients to the emergency room.
 - Some situations may not require sending the patient to the ER.
 - Call the dialysis facility to see if being treated with dialysis would be more effective.
 - Examples of this are usually related to fluid overload or inadequate dialysis.
- Medications typically given at dialysis.
 - Epogen/Aranesp/Micera.
 - Red blood cell stimulating agents used to stimulate production of red blood cells.

- Generally provided and managed by the dialysis facility.
 - Given by subcutaneous injection or intravenous (IV).
- Hectoral, Zemplar, Calcijex.
 - Vitamin D products used to manage calcium and phosphorus levels.
 - Provided and managed by the dialysis facility.
 - Generally injectable.
- Sensipar.
 - Provided and managed by the dialysis facility.
- Venofer, Ferrlecit
 - IV Iron.
 - Provided and managed by the dialysis facility.
 - Generally given by IV.
- Antibiotics.
 - As ordered by the nephrologist.
 - Generally administered, by IV, by the nurse.