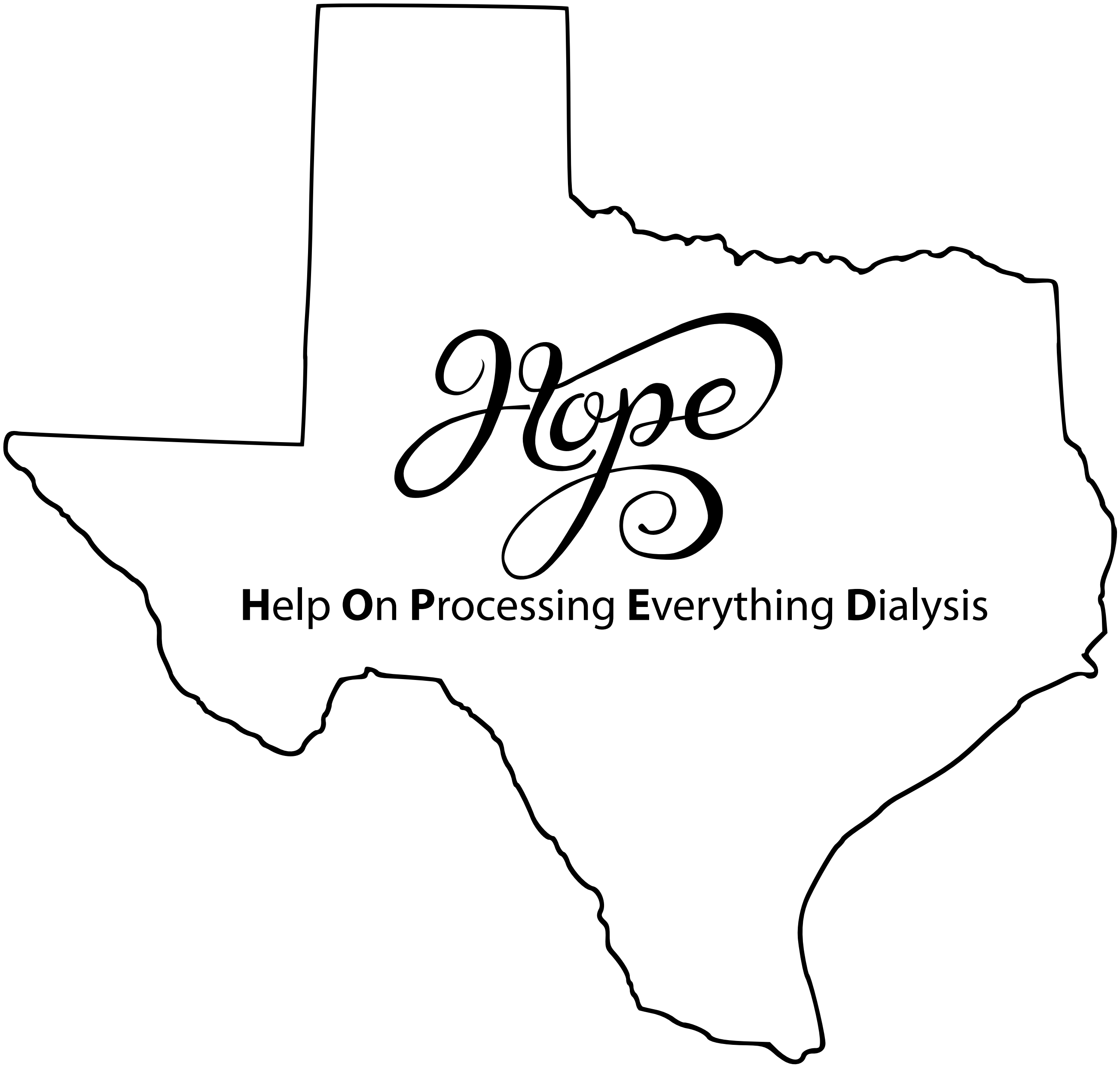

Hope

Help On Processing Everything Dialysis

END STAGE RENAL DISEASE
NETWORK OF TEXAS

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Welcome

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Help On Processing Everything Dialysis

About End Stage Renal Disease (ESRD)

ESRD Network of Texas supports quality centered care, independence and improved quality of life though activities that promote patient and family engagement, access to medically suitable self-care modalities and kidney transplant and advanced care planning
Patients can communicate with the Network's Patient Services Department or Network Outreach Coordinator with questions about treatment, modality choices, grievances or other issues.

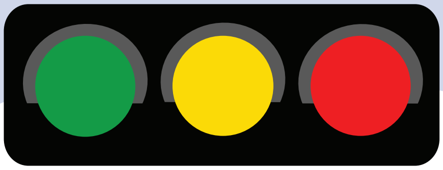
Kidney Disease

One in three American adults is at risk for kidney disease. What puts you at risk for kidney disease? Major risk factors include diabetes, high blood pressure, a family history of kidney failure and being age 60 or older.

Kidney disease often has no symptoms, and it can go undetected until very advanced. But a simple urine test can tell you if you have kidney disease. Remember, it's important to get tested because early detection and treat-ment can slow or prevent the progression of kidney disease. Here are some helpful things to discuss with your doctor at your annual physical. *(National Kidney Foundation, Inc.)*

Stages of Chronic Kidney Disease (CKD)

1. Stage 1 kidney disease there is mild kidney damage, usually no symptoms and an eGFR greater than 90.
2. Stage 2 kidney disease means mild kidney damage and an eGFR between 60 and 89.
3. Stage 3 kidney disease means the kidneys are moderately damaged and are not working as well as they should with an eGFR between 30 and 59. Stage 3 kidney disease is separated into two stages; Stage 3a and Stage 3b. Stage 3a is an eGFR between 45 and 59. Stage 3b is an eGFR between 30 and 44.
4. Stage 4 kidney disease means your kidneys are moderately or severely damaged with an eGFR between 15 and 30. Stage 4 kidney disease should be taken very seriously. It is the last stage of kidney disease before kidney failure.
5. Stage 5 kidney disease is an eGFR less than 15. This stage means the kidneys are getting very close to failure or have completely failed. If your kidneys fail, toxins and wastes build up in your blood which makes you very sick.



Zone Tool
Renal Failure

Green Zone

- No shortness of breath
- No swelling
- Urinating with no problems
- Watching intake of foods/fluids
- No pain, not tired or weak
- Monitoring foods with potassium, protein and salt

Your symptoms are under control.

- Continue taking your medications as ordered
- Continue daily weights
- Keep all physician appointments
- Keep scheduled dialysis appointments
- Eat small, frequent meals throughout the day

Yellow Zone

- Some shortness of breath
- Increased swelling—some edema
- Increased tiredness with any activity
- Decreased urine output
- Nausea and vomiting
- Poor appetite, headache, muscle aches
- Changes in blood pressure (higher or lower than usual)

Your symptoms may indicate you need an adjustment in your medication, plan of care or weight management.

- Call your physician, dialysis team or home health nurse

Red Zone

Call your physician right away or call 911

- Increased shortness of breath (faster, unrelieved, etc.)
- Faster heart rate—palpitations
- Fatigued, trouble staying awake
- Increased swelling—edema
- Increased pain—generalized
- Increased nausea and vomiting, loss of appetite
- Fever, chills
- Unable to urinate at all

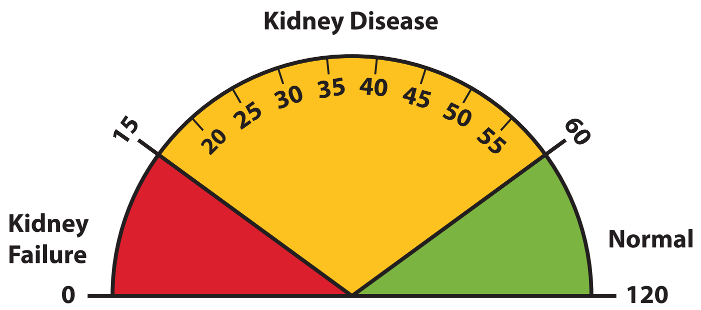
Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

TMF®
Quality Innovation Network

This material is presented by the End-Stage Renal Disease Network of Texas in partnership with the TMF Quality Innovation Network Quality Improvement Organization under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 11SOW-QINQIO-C3-17-23

GFR stands for glomerular (glow-MAIR-you-lure) filtration rate. A blood test checks your GFR, which tells how well your kidneys are filtering.

It's important to know your GFR if you are at risk for kidney disease. A urine test will also be used to check your kidneys.



GFR

National Institute of Diabetes and Digestive and Kidney Disease

GFR is reported as a number.

- A **GFR of 60 or higher** is in the normal range.
- A **GFR below 60** may mean you have kidney disease.
- A **GFR of 15** or lower may mean kidney failure.

A New Way of Living

> *"This is just a new chapter in your life, with a new way of living it."*

I thought that my world had come to an end on May 10, 2010, when I was diagnosed with ESRD. I was told that I would need a catheter, and then a Fistula for Dialysis. I was told also that, I would need a special diet; that I would need to limit my fluid intake, and it would be necessary for me to go to dialysis for 4 hours, three days a week. Initially, I felt that there were too may rules, that everyone was telling me what I couldn't do, and no one was telling me what I would be allowed to do.

I realized that I must educate myself on what having ESRD would mean to me. I learned that having a Fistula was my new Lifeline, and that I must be aware of the Calcium, Potassium, and Phosphorus at all times, and limit fluid intake in my diet.

Now it is 2018, and I am living a very productive and active life. It takes some planning to travel, because you will need to schedule Dialysis at your travel destination. I am retired, however I volunteer with the Reading program at the local elementary school 2 days a week, garden and one of the Facility Representative's at my Dialysis Facility.

What I am trying to say is that your world is not coming to an end because you have been diagnosed with ESRD, this is just a new chapter in your life, with a new way of living it. –D.D

Hope

Kidney Health

Step 1: Know These Facts

6 Things Healthy Kidneys Do:

- Regulate the body’s fluid levels
- Filter wastes and toxins from the blood
- Release a hormone that regulates blood pressure
- Activate Vitamin D to maintain healthy bones
- Release the hormone that directs production of red blood cells
- Keep blood minerals in balance (sodium, phosphorus, potassium)

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8 Problems CKD Can Cause:

- Cardiovascular disease
- Heart attack and stroke
- High blood pressure
- Death
- Weak bones
- Nerve damage (neuropathy)
- Kidney failure (end-stage renal disease, or ESRD)
- Anemia or low red blood cell count

Step 2: Assess Your Risk

4 Main Risk Factors:

- Diabetes (self or family)
- High blood pressure (self or family)
- Cardiovascular disease (self or family)
- Family history of kidney disease or diabetes or high blood pressure.

---

10 Additional Risk Factors:

- African-American heritage
- Native American heritage
- Hispanic, Asian, Pacific Islander heritage
- Age 60 or older
- Obesity
- Low birth weight
- Prolonged use of NSAIDs, a type of painkillers, such as ibuprofen and naproxen
- Lupus, other autoimmune disorders
- Chronic urinary tract infections
- Kidney stones

Step 3: Recognize Symptoms

Most people with early CKD have no symptoms, which is why early testing is critical. By the time symptoms appear, CKD may be advanced, and symptoms can be misleading. Pay attention to these:

- Fatigue, weakness
- Difficult, painful urination
- Foamy urine
- Pink, dark urine (blood in urine)
- Increased thirst Increased need to urinate (especially at night)
- Puffy eyes
- Swollen face, hands, abdomen, ankles, feet

Step 4: Get Tested

If you or a loved one belong to a high-risk group, ask your primary-care physician about these tests—and be especially insistent about the last one. Your doctor may want to perform other tests as well. If you or a loved one belong to a high-risk group, ask your primary-care physician about these tests—and be especially insistent about the last one. Your doctor may want to perform other tests as well.

Step 5: Stay Healthy

6 Things People with CKD Should Do:

Kidney Health (continued)

- Lower high blood pressure
- Keep blood-sugar levels under control if diabetic
- Reduce salt intake
- Avoid NSAIDs, a type of painkillers
- Moderate protein consumption
- Get an annual flu shot

9 Things Everyone Should Do:

- Exercise regularly
- Control weight
- Follow a balanced diet
- Quit smoking
- Drink only in moderation
- Stay hydrated
- Monitor cholesterol levels
- Get an annual physical
- Know your family medical history

Step 6: Learn More

(National Kidney Foundation, Inc.)

"When the unthinkable happens, the lighthouse is hope. Once we choose hope, everything is possible." – Christopher Reeve

My Notes

HOPE to keep THRIVING

Imagine yourself as at the age of nine being diagnosed with juvenile diabetes, and giving yourself three insulin shots a day, on top of your conditions you have to follow a strict diet limiting all the foods you love to eat. Your doctors and parents made sure that you were knowledgeable and equipped to conquer diabetes; yet when you leave for college you seemed to forget about the importance of controlling your blood sugars. Your doctors have indicated that your A1C should not exceed 7.4, but the four years you are away at college, your A1C stayed above 11.

During this time you saw no changes in your health, so you continued on with a very high A1C. Life is going good for you until one day you become very sick and learn that your kidneys are drastically failing, and dialysis is in your future. My eight year journey on in center hemodialysis has not always been a positive venture.

I was diagnosed at the age of twenty-five with kidney challenges due to diabetes and hypertension, by the age of twenty-seven I was five years into my career and placed on hemodialysis, I thought my life was over. When I first started treatment, I thought I was in a twilight zone; I was still in denial at the fact that I would have to do dialysis three times a week for four hours; yet I was so young with many dreams and aspirations that were be placed on hold. I must admit, the first few years was hard with my compliance, but one day I decided that I would not let kidney disease defeat me! So; I took control of my health, while also getting involved as a Facility Patient Representative (FPR) at my dialysis unit, I needed to do more to advocate for those challenged with kidney failure, I joined Network 14 ESRD Patient Advisory Committee (PAC).

However; I felt a devotion to collaborate with ESRD patient around the country to make a difference and bring awareness, so I linked with the National Patient and Family Engagement and Learning Action Network (NPFE-LAN). Being a part of these organizations has given me HOPE to keep THRIVING for myself and to be a guidance for those struggling to cope on dialysis. Although dialysis is a life altering circumstance, do not give up on yourself, or your dreams, there is still purpose outside of dialysis treatment. It’s what you make of it! - P.M

Hope

My Plan To Take Charge of My Life

I Can Do It!

Make a plan for yourself and how to live a long life while living with chronic kidney disease. To help guide you further consider the following self reflection questions.

1. What's bothering me?
2. I want to be able to...
3. To take charge, I need to:
    a. Talk to doctors
    b. Get medical information
    c. Get other information

4. Today's date is ___ I want to take care of this problem by this date ____

5. What is likely to get in the way is: ____

6. What is likely to get in the way is?

7. My progress is:
    a. Date and Time
    b. Steps taken to learn and deal with my problem

"Walk on with hope in your heart, and you'll never walk alone." -Shah Rukh

Hope

A Caregiver's Supportive Role

Are you the spouse, partner, parent, sibling or friend of someone about to begin dialysis? Your caring and supportive role on their behalf can be critically important to their success in this new phase of life. Walking beside them as they navigate the beginning days of dialysis will provide them with invaluable reinforcement.

When my husband and I learned that he would need to begin dialysis, we were fortunate to have enough time to get used to the idea and prepare ourselves for upcoming changes in our lives. Oftentimes, however, patients don't have that luxury of time to prepare, and the idea of dialysis feels like something to be resisted.

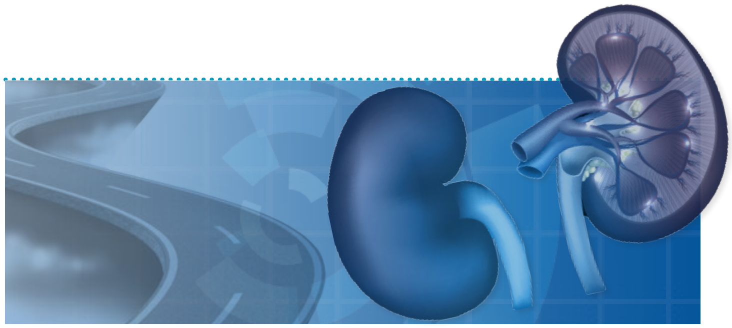
Your role can be that of coach and encourager. Help your loved one or friend to recognize that the world of dialysis is a community. Administration and medical staff of in-clinic hemodialysis centers (as well as the professionals supporting home methods of dialysis) are wells of knowledge and caring. Ask plenty of questions or encourage your patient to do so; there are no silly questions. Learn as much as possible about the dialysis process as well as recommended dietary considerations. Talk with the dietician and/or social worker assigned to the dialysis unit; and if possible, talk with the patient's doctor when he or she is making rounds at the clinic. Form those relationships and keep a list of contact information. There is also a wealth of information available online, and the websites of dialysis centers can be extremely helpful.

> *"Dialysis is life giving and that their lives can be full and satisfying as a result."*

Encourage the patient to talk about their dialysis session experiences as well as how they feel about them. Your listening ear and caring heart are all you need to bring to those conver-sations. If you should realize at some point that the patient needs help from a mental health professional in order to make the adjustment, ask for a referral from the clinic social worker.

You have a vital role in helping the patient to recognize that dialysis is life giving and that their lives can be full and satisfying as a result.– A.D

LIVING WELL ON DIALYSIS



TAKE CHARGE OF YOUR EMOTIONS

If you receive dialysis treatments for kidney disease, you probably spend a lot of time focused on your physical health. That's important -- but so, too, is your mental and emotional well-being.

Dialysis is life-saving, but it's also life-changing. Still, by taking charge of your emotional health -- and accepting help when you need it -- you can live a rewarding life on dialysis.

Rollercoaster Emotions

Dialysis requires significant time and effort. In addition to the considerable time spent traveling to and from appointments and receiving treatment itself, people receiving dialysis must carefully monitor their diet and fluid intake. It's a lot of work, and it takes time to adapt to the changes.

When people learn they need to begin dialysis, they typically experience a flurry of emotions. Often, the first reaction is shock or denial. People may feel numb or fail to accept the reality of the situation. Anger, sadness, worry, and guilt are also common. People may dwell on the past, wondering what they could have done differently.

When people learn they need to begin dialysis, they typically experience a flurry of emotions.

But the emotions aren't always negative. People who knew that dialysis was likely in their future might feel a kind of relief now that they have started. Some people, such as those awaiting a kidney transplant, might feel a strange mixture of emotions, including hopefulness, anxiety and fear.

No matter what you're feeling, it helps to know this emotional rollercoaster is common. As you adjust to the dialysis routine, you should start to feel more like yourself again. And as you continue on with your life, there are steps you can take to manage sadness, worry and stress.

Managing Stress and Negative Feelings

Maintain the activities in life that bring you pleasure. Don't let dialysis prevent you from doing things you love to do. As much as possible, keep up the hobbies and interests you had before dialysis, even if you have to adapt them somewhat to your dialysis schedule or health condition. If you can, continue working. Socialize with friends. People who make a point to go on with life as usual, despite dialysis, tend to be happier and healthier.

Educate yourself. Gather information and ask questions to help you understand the dialysis treatment and the lifestyle changes that go along with it. Your healthcare providers are learning from you, too. Keep a list of your questions and bring them to your doctor appointments and keep a notebook of important information so you have all your medical information in one place. Having all the necessary details will help you maintain a sense of control over your health.

Stay connected to other people. Reach out for support from your spouse/partner, family and friends. Be open with them about what you're experiencing and how you're feeling, and don't be afraid to ask for help. Explain to others what you need; your loved ones probably want to help, but they may not know how unless you tell them.

Seek additional support. No matter how helpful your friends and family are, it can be hard for you to experience something they don't fully understand. Talk to your doctor about joining a support group for people with kidney disease so you can connect with others who are going through the same things you are.

apa.org/helpcenter
Learn more about how psychologists help

Mentalhealth.gov
Get information

PsychologistLocator.org
Find a psychologist

Take a deep breath. Relaxation exercises such as meditation and gentle forms of yoga, as well as prayer can help lower stress levels. Exercise has also been shown to boost mood in people undergoing dialysis. Consult with your physician about what forms of exercise are safe and appropriate for you.

Give back. Continuing to be helpful to those you love, volunteering your time or doing charitable work can help remind you that you have valuable skills to offer, even if you can no longer work or take on as many commitments as you once did.

Seek professional help. When dealing with a chronic illness, it's easy to get stuck in negative thought patterns. Psychologists, social workers and other mental health professionals can help you take control of those negative thoughts and adjust to the unique challenges of dialysis.

Signs You May Need Help

It's normal to feel sad while adjusting to the changes that dialysis brings. But for some people, the sadness lingers. Studies suggest that approximately 1 in 5 patients with chronic kidney disease suffer from depression. Anxiety is also common in people with chronic illness. A 2008 study found that 45 percent of people receiving dialysis for end-stage renal disease experienced some type of anxiety disorder.

You might need extra help managing your emotions if you notice you are:

- Feeling hopeless
- Often very stressed or worried
- Sleeping more or less than you used to
- Frequently irritable with friends and family
- Withdrawing from people or activities you used to enjoy
- Doing things you know aren't healthy, like skipping medications
- Making excuses for not following doctor's recommendations

If you're concerned about your emotional state or your stress levels, there are people who can help. The doctors and mental health professionals at your dialysis clinic are trained to discuss these concerns with you and help you manage them. They can also provide you with resources and referrals to local mental health providers in your community that can help.

People undergoing dialysis can safely take some antidepressant medications. However, non-drug options may also be effective, either alone or in combination with medications. Studies have found that exercise therapy and cognitive behavioral therapy (CBT), for instance, can successfully treat depression in people with chronic kidney disease. With CBT, a mental health professional can help you identify ways that you are stuck and help you gain control over negative thoughts and unhelpful behaviors. Many people with kidney disease find that therapy can help them begin to feel like their old selves again.

MOVING FORWARD

Establishing new, healthy habits takes time. When you make a mistake, don't beat yourself up -- or give up. Instead of dwelling on what you did wrong, think about how you might better handle that situation in the future, and then move on.

Chronic kidney disease is serious, but it is manageable. With the right tools and the right support, you can take control of your emotional and physical health to live a full and rewarding life.

Special thanks to Joanne Smith, R.N., Education Manager for DPC Education Center, and qualified professionals Teri Bourdeau, PhD, Josephine Johnson, PhD, Maureen O'Reilly-Landry, PhD, Kathryn Sawyer, PhD, and Cortney J. Taylor, PhD, who contributed to this article.

This resource was developed jointly by the American Psychological Association (APA) and Dialysis Patient Citizens Education Center as part of a partnership to educate dialysis patients and their families on the psychological and emotional aspects of managing kidney disease.

AMERICAN PSYCHOLOGICAL ASSOCIATION

DPC
EDUCATION
CENTER

Accepting Dialysis

It may seem strange to consider "accepting" dialysis and kidney disease, but all kidney patients go through the process to arrive at acceptance. It begins when you are diagnosed with kidney disease and generally never ends. As a dialysis patient it took me several years to "accept" it. You don't have to like dialysis, but you need to come to a point where you accept it and go about living life. After all, the purpose to dialysis is to give you life!

A friend of mine described her process of deciding whether to go on dialysis or not. It was a conversation with a doctor that convinced her of the value of treatment. That doctor made her feel like she was genuinely cared for and made a connection that touched her heart.

There were lots of issues to consider and most importantly my friend needed someone to understand her circumstances and help her through this process. You will feel isolated and confused and it may take a while to get through it. Having an understanding support person will help. That could be a doctor, nurse, tech, friend, family member, etc.

It's important to note that sometimes during your life on dialysis you'll need to go back through the steps to acceptance in small ways, particularly on "bad dialysis days"; days when the tech isn't sticking you well, or it's too cold or too hot in the center, or personal event upsets you, and you have to run through the steps to return to acceptance. So, it's not over just because you entered dialysis. We go through the process of acceptance every time we walk through the Dialysis Center doors. –D.O

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You Matter...You’re Important!

There are several key topics in which I feel a patient with ESRD or on dialysis could benefit by. The first topic I’d like to discuss is that the patient should observe their surroundings and have an advocate. What I mean by to observe, is to be in tune AT ALL TIMES to what is going on around you in the clinic or along your healthcare journey. Whether it’s charting times to take medications, refills, or making phone calls regarding your appointments, it all has to be in a timely matter. If the patient is unable to be their own advocate; obtain a spouse, friend, and family member that can be trusted to act on your behalf. Another topic is to know your body and treat your body right. Know how much liquid your body can take off with dialysis. Talk to the staff and let them know how you are feeling, perhaps even keep a journal to log days that you don’t feel well after dialysis, and it might be a conversation with the staff that they are taking too much fluids from you. If you are interested in transplant, set up an appointment with the transplant center, receive information, and know how the process works. Ask questions and know how to get on the kidney wait list (UNOS) and how all the testing works.

Another topic is to research your symptoms and ESRD, not everyone is the same, know that you’re uniquely different. Ask questions and research. Another topic that I learned from being on dialysis is to befriend your social worker. This individual will aid you with depression, help with financial aid, and overall help you with concerns you may encounter. The last topic is to be active on your Patient Portal with the Dialysis clinic and the Hospitals/Transplant centers. My Dialysis clinic wasn’t aware they even had a portal. On the portal, it aids you in the Renal Diet recipes, forums for patients with ESRD, and you can receive your lab results. Portals are available at the hospitals and transplant centers, also. If you’re unable to log onto your portal ask for assistance. Finally, always SPEAK UP. YOU matter-YOU are important! -B.N

Hope

FIRST30

YOUR FIRST30 CHECKLIST

Questions you should ask during your first month of dialysis.

WEEK 1

What to think about	What to ask	Who can help?
COPING	☐ How can I get help coping with all of these changes?	Social worker
	☐ What mood changes should I watch out for? How will I notice them?	
YOUR NEW DIET	☐ How do I need to change my diet?	Dietitian
	☐ What kind of medicines can help keep me healthy?	
YOUR DIALYSIS TREATMENT	☐ How long will I be on dialysis?	Doctor or nurse
	☐ What happens during the dialysis treatment?	
SUPPORT IN AND OUT OF THE CENTER	☐ Can family or friends keep me company during treatment?	Technician
	☐ What number should I call if I have questions?	

WEEK 2

What to think about	What to ask	Who can help?
PAYING FOR TREATMENT	☐ What kind of insurance do I have?	Social worker
	☐ What does my insurance cover?	
	☐ Are there any community resources that can help me with my other costs of living?	
PREPARING MEALS	☐ Where can I find recipes that fit my new diet?	Dietitian
	☐ What seasonings can I use? What should I avoid?	
YOUR MEDICINES	☐ What new medicines do I need to take?	Doctor or nurse
	☐ Do I have to stop taking any of my other prescription or over-the-counter medicines?	
WHAT TO DO DURING TREATMENT	☐ Can I eat during my dialysis treatment?	Technician
	☐ How should I dress for treatment?	
	☐ What can I do to keep busy during dialysis?	

If you're in one week and you need the answer to a question that's listed in another week, don't wait – ask it now! Use this checklist as a guide to help you get started, and work with your care team to get answers to your questions when you need them.

KidneyFund.org/first30

#FIRST30

American Kidney Fund®

YOUR FIRST30 CHECKLIST

WEEK 3

What to think about	What to ask	Who can help?
TRANSPORTATION	☐ Can I drive myself to dialysis? ☐ What transportation options do I have?	Social worker
PHOSPHATE BINDERS	☐ How do phosphate binders work? ☐ What happens if I forget to take my binders?	Dietitian
TREATMENT OPTIONS	☐ Is in-center dialysis my only option? ☐ Which treatment option fits best with my lifestyle? ☐ Can my dialysis be performed overnight?	Doctor or nurse
WHAT TO KNOW ABOUT MY DIALYSIS CENTER	☐ Are there any rules I need to know about at my dialysis center? ☐ Can I take a tour of the facility?	Technician

WEEK 4

What to think about	What to ask	Who can help?
TRAVEL	☐ How can I travel while I'm on dialysis? ☐ Will my health insurance coverage transfer to another facility?	Social worker
SUPPLEMENTS	☐ How can I supplement my nutrition? ☐ Are there any tools to help me stay on track with my diet?	Dietitian
TREATMENT OPTIONS	☐ Should I be referred for a kidney transplant evaluation? ☐ What kind of vascular access do I need?	Doctor or nurse
CARING FOR YOUR VASCULAR ACCESS	☐ How can I take care of my vascular access? ☐ What activities could hurt my vascular access?	Technician

There are many other questions or concerns you may have for your health care team. Don't be afraid to speak up—ask as many questions as you need to. Start by listing them here:

Consider Your Dialysis Choices: Choosing the right option for you!

Choosing a treatment option for your kidney failure is a personal decision. It is important that your choice supports your lifestyle and values. The right treatment for you depends on these factors and on your medical condition.

Learn more about your dialysis options to choose the treatment that's best for YOU!

This tool will help you review the different dialysis options that may work for you and what you may need to consider.

Would you like other resources to help you make this choice?

Please visit the "My Life, My Dialysis Choice" online tool offered by Medical Education Institute, Inc. (MEI) to help you learn more about available dialysis treatment options.

Visit: http://mydialysischoice.org/

You may also want to consider kidney transplantation as an alternative to dialysis. Visit the ESRD NCC website at http://esrdncc.org to learn the facts about transplant and what the process involves.

Home Hemodialysis (HD)

Why it may work for you:

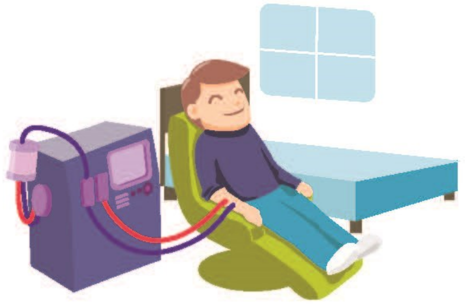
- Allows more independence and control of treatment and life choices.
- Permits more frequent or longer treatments than can be provided with in-center dialysis. This can lead to more waste products being removed and better lab results.
- You don't have to travel to a center to receive treatment.
- Many patients say they have more energy after treatments compared to how they feel after in-center dialysis.
- Dialysis staff members are available to answer questions on the phone.
- May make it easier to return to work or school.
- Allows you to travel. Supplies can be shipped to you anywhere in the United States, and the machine can go on an airplane.
- If you can learn to drive a car, you can learn to perform treatment at home.

What you may need to consider:

- Training is required and more involvement in your own care is necessary.
- You might need a care partner to help you with the treatments, depending on the procedures in your area, i.e.,state regulations, program guidelines or facility rules. You can speak with your social worker to discuss available options.
- If you have a fistula or graft, you or your care partner will have to put in your needles.
- You'll need storage space for supplies.
- You may need to upgrade the existing plumbing and/or electrical outlets in your home to meet requirements for the machine.
- You will need to attend monthly clinic visits to review your treatment plan.
- Your monthly utility bills could increase, based on additional water and electric usage; you might want to check with your center regarding any additional expenses.
- Some programs will not allow you to have pets in your home.

Nocturnal Option:

- Takes place while you sleep.
- Could limit your sleeping position.
- Uses time you sleep for treatment; freeing your days.
- May allow you to return to work or school full time.
- May have fewer diet restrictions and possible improved labs with the additional hours available for receiving treatment.



◊ **Would you like to fit dialysis into your schedule?**

◊ **Would you prefer to stay home for treatment or go to a dialysis center three times a week?**

◊ **Do you want the control of delivering your own treatments?**

◊ **Is travelling important to you?**

Peritoneal Dialysis (PD)

Why it may work for you:

- Allows more independence and control of treatment and life choices.
- Your own body, not a dialyzer, cleans your blood.
- Needles are not used; your blood does not leave your body.
- You don't have to travel to a center to receive treatment; could be performed at your location, i.e, home, school, or work.
- Many patients say they have more energy after these treatments compared to how they feel after in-center dialysis.
- Dialysis staff members are available to answer questions on the phone.
- You decide how to fit your exchanges in to your day or night schedule.
- May make it easier to return to work or school.
- You may have less diet restrictions than with in-center dialysis.
- Allows you to travel. Supplies can be shipped to you anywhere in the United States.

◊ Would you rather have a treatment without using needles?

◊ Would you like to fit dialysis into your schedule?

◊ Would it disrupt your life if you weren't able to participate in underwater activities?

◊ Is travelling important to you?

◊ Do you want the control of doing your own treatments?

What you may need to consider:

- You must do it every day from your home.
- Training is required.
- You'll need storage space for supplies and enough space to do the therapy.
- A tube will be inserted into your belly, also known as your peritoneal space.
- You may have concerns about body image because you will have fluid and a catheter in your belly.
- You may be more likely to get an infection in your belly.
- You will need to attend monthly clinic visits to review your treatment plan.
- You may need to avoid underwater activities.
- Some programs will not allow you to have pets in your home.

Nocturnal PD:

- Most shifts start in the evening hours and go into the night.
- Treatments take place during hours when you may normally be sleeping, freeing up daytime hours.
- Requires a machine called a cycler.
- May better allow you to work or go to school on a full-time basis, since your days are free.
- May have fewer diet restrictions with the additional hours available for receiving treatment.
- Possibly limits your sleeping position.

In-Center Hemodialysis (ICHD)

Why it may work for you:

- You have professionals with you at all times.
- Does not require training on how to do treatments.
- Does not require the help of a care partner.
- Does not require storage of supplies.
- May allow you to interact with other patients who are going through similar experiences.
- Dialysis centers are widely available.

What you may need to consider:

- Needles need to be placed for your fistula or graft at every treatment.
- You may require a rest after each treatment.
- You may need to provide your own transportation to and from the dialysis center.
- The number of treatments and schedule for treatments are fixed; you may have difficulty picking your treatment schedule.

In-Center Nocturnal:

- Usually takes place during the evening hours, you may sleep during treatment.
- May allow you to work or to go to school on a full-time basis, since your days are free.
- May have fewer diet restrictions and possible improved labs with the longer hours of treatment.
- Your position during sleep will be limited and your sleep may be disrupted in the clinic setting.
- Limited number of dialysis centers with in-center nocturnal programs.

◊ Would it be difficult for you to complete the training required for peritoneal or home dialysis?

◊ Is it better for you to receive treatment in a center?

◊ Would this be easier for your family and those who care for you?

◊ Would you like professionals around during your treatments to take care of you?

◊ Would you like to be around other people going through the same thing?

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Click to Add [Network/Facility Name]
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End Stage Renal Disease National Coordinating Center

website: www.esrdncc.org •email: NCCInfo@hsag.com • (813) 865-3535

www.facebook.com/esrd.ncc @esrdncc

Prepared by the National Patient and Family Engagement (N-PFE) Learning and Action Network (LAN), under the ESRD NCC. The ESRD NCC gratefully acknowledges HSAG: The Florida ESRD Network and National Institute of Diabetes and Digestive Kidney Diseases (NIDDK) as sources for development of the content used in this resource. For more information visit: www.niddk.nih.gov.

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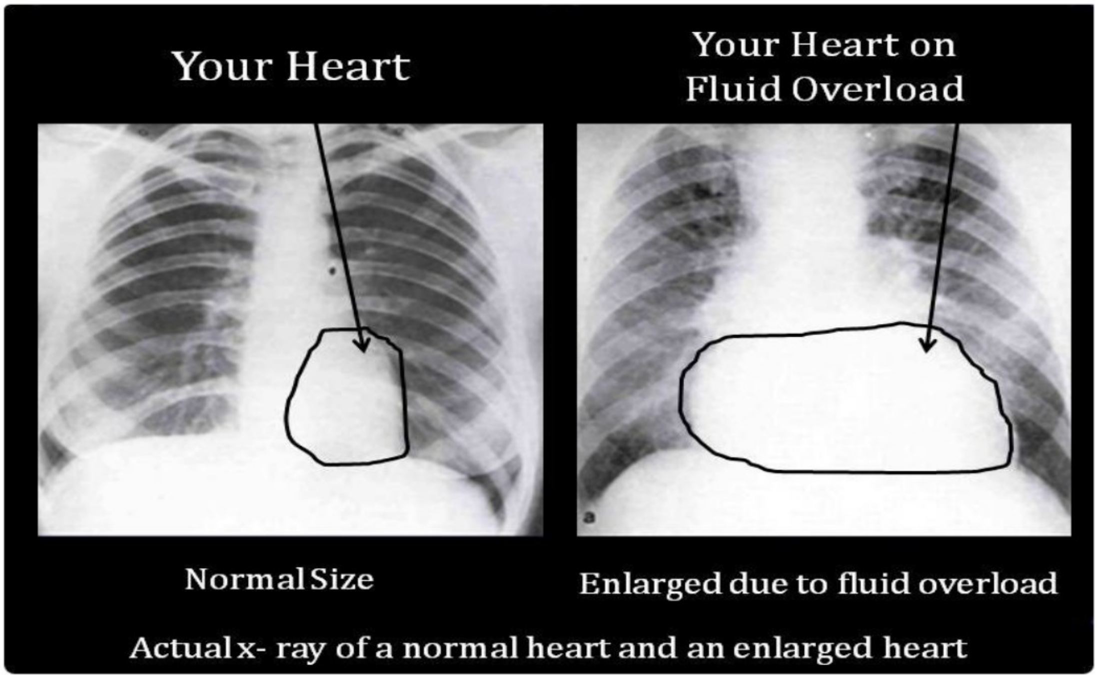
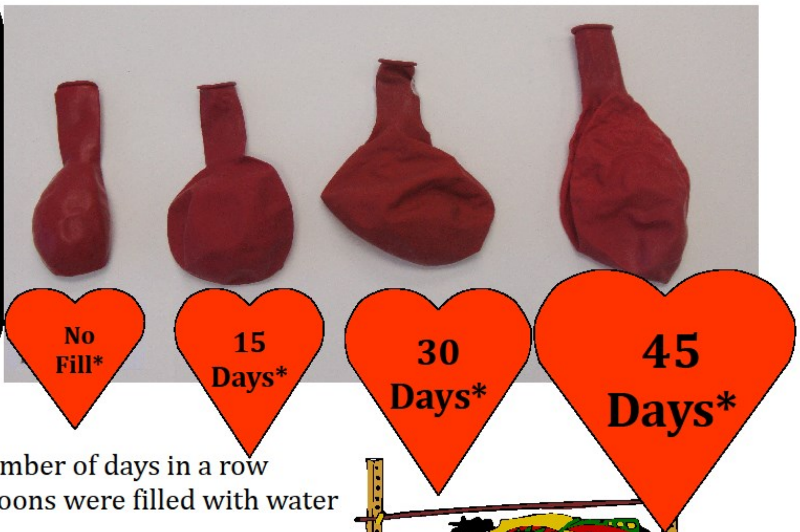
You and Your Heart



Actual x- ray of a normal heart and an enlarged heart

Over time, your heart will be unable to return to its original size. Just like a balloon blown up over and over again.



*Number of days in a row balloons were filled with water

This poster was created for patients by patients

How low can you go?
Patient's dry weight or target weight often changes. Talk with your doctor about what your target weight should be!

Why Is a Healthy Weight Important?

Reaching and maintaining a healthy weight is important for overall health and can help you prevent and control many diseases and conditions. If you are overweight or obese, you are at higher risk of developing serious health problems, including heart disease, high blood pressure, type 2 diabetes, gallstones, breathing problems, and certain cancers. That is why maintaining a healthy weight is so important: It helps you lower your risk for developing these problems, helps you feel good about yourself, and gives you more energy to enjoy life.

Tips for Right Sizing

1. Order half portions or order from the child's menu
2. If you order a full entrée: box up half the meal before eating
3. Eat a healthy appetizer and soup or salad instead of a large entrée
4. Share food with a companion

Activities

Simple steps to get started

1. **Choose an activity you'll enjoy.** This is absolutely the number-one thing to consider. You're much more likely to keep doing something you love.
2. **Start slowly and sensibly.** You don't have to run a marathon on your first day. Just dedicate 10 or 15 minutes to something as simple as walking around your neighborhood or actively cleaning your house—and build from there.
3. **Exercise with a friend.** You can motivate each other—the buddy system really works.
4. **Use a smartphone or pedometer.** Consider wearing a pedometer or downloading an app to track your exercise progress and provide encouragement to keep you going.
5. **Set goals and reward yourself for reaching them!**

Healthy Hygiene

Maintaining healthy hygiene is important for everyone especially those who are on dialysis. To reduce the possibilities of getting an infection remember to keep your access clean and always wash your hands. "Patients who undergo dialysis treatment have an increased risk for getting an infection. Hemodialysis patients are at a high risk for infection because the process of hemodialysis requires frequent use of catheters or insertion of needles to access the bloodstream" (Center of Disease Control and Prevention)

How do you get an infection?

What you need to know to protect yourself!

Germs live both inside and outside the human body. Not all germs are bad. Infections happen when "bad" germs enter your body or when other germs go where they are not supposed to be. There are many good germs that help our bodies stay in balance and actually work to build our immune (or protection) systems. However, the bad germs are the cause of illnesses like the flu. Germs live everywhere. You can find germs in the air; on food, plants and animals; in soil and water — on almost every other surface, including your body. You cannot see germs with your eyes. You would need a microscope. Knowing how germs work can help you avoid infection. If you do get an infection it's important for your healthcare team to know what type of germ is causing the infection. They can then determine the right treatment for your type of infection.

The three main types of germs that are the biggest cause of infections in kidney patients are:

- Bacteria – Responsible for many infections in kidney patients. Examples are infections in your blood called "staph" or "strep," pneumonia, and for peritoneal dialysis patients, infec-tions in the belly called "peritonitis."
- Viruses – Most often known for causing colds and the flu as well as gastrointestinal problems.
- Fungi – Not as common in causing infections but can cause an infection under a dressing or in a peritoneal dialysis patient's catheter. How do germs get into my body to cause an infec-tion?

How do germs get into my body to cause an infection?

Since germs are everywhere, there are many different ways they can enter your body and cause an infection.

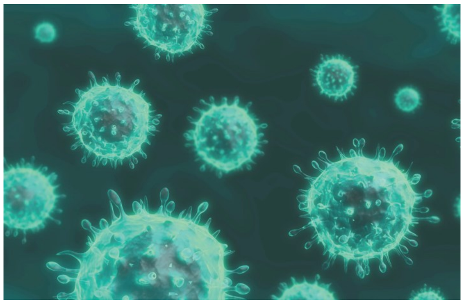
1. Germs can travel in the air on droplets of water or dust and enter your mouth and nose. For example, tiny droplets of water from a person's cough can carry a germ into your body when you breathe in that air.
2. You can get germs by touching a surface that has germs on it or having close contact with someone who has an infection. If you then put your hand to your mouth to eat something, the germ can get into your body.

As a kidney patient you have a greater chance of germs entering your body and causing an infection.

- Your body's immune system does not work as well as the immune system of a person who does not have kidney disease.
- Your type of treatment may put you at risk:

  - Hemodialysis patients could get a germ in their blood during their treatment.
  - Peritoneal dialysis patients could get a germ in their belly when fluids are exchanged.
  - Transplant patients take medicine to keep their transplant. These medications can lower their ability to fight germs.
- During your care a healthcare worker or another patient could spread germs by not fol-lowing proper infection prevention procedures.
- Kidney patients with diabetes have a harder time healing, which can cause an infection.

TIP: If you see signs of infection, take action and alert your kidney care team. Spotting an infection early can help you avoid serious problems with your health.



Why is it important for kidney patients to know about infections?

Fighting an infection takes energy and strength from your body. Depending on where the infection is, it can be harder for the body to fight off. Infections drain your body's resources and make you feel bad. Also, since you have kidney disease, your body's defenses may already be weak. This will make it harder for your body to fight the infection.

If you have an infection, you might notice:

- Skin around your access may be red and warm,
- A persistent cough with fever (temperature two to three degrees above normal),
- Skin bumps or boils,
- You're just "not feeling right,"
- Elevated blood sugar, if you have diabetes.

What can I do to protect myself?

There are many ways to protect yourself from getting or giving others an infection. Some of the simple ways you may already know:

- Frequently clean your hands with soaps and solutions that kill germs,
- Cover your mouth and nose when sneezing or coughing,
- Use soap to frequently wash common surfaces in your home, like the kitchen counter.

TIP: Remember to keep yourself as healthy as possible; a healthy, well-rested body is better able to fight infections. Don't forget to keep your fistula or graft site clean and to receive regular immunizations.

ESRD NCC
NATIONAL
COORDINATING
CENTER

Created by Patients for Patients

Protect Yourself!

Prevent Infections by Washing Your Hands

Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another. Follow these five steps to wash your hands the right way every time.

Here's what patients are saying about the importance of hand washing …

"Wash your hands to prevent a cold or the flu, and prevent infections."

–Precious McCowan

"I wash my hands before and after my treatment. I haven't had an infection or been hospitalized in 10 years."

–Stephanie Dixon

"I insist that anyone who touches me, including my doctor, wash their hands."

–Jasper Travis

"It helps the in-center patient to wash their hands, but all modalities have to remain vigilant against infection, and that includes ensuring healthcare professionals wash their hands too."

–Bill Murray

Step 1.

Wet your hands with clean, running warm water, apply soap.

Step 2.

**Lather your hands by rubbing them together with soap.
Be sure to lather the backs of your hands, between your fingers, and under your nails.**

Step 3.

Scrub your hands and nails for at least 20 seconds. Need a time? Hum the "Happy Birthday" song from beginning to end twice.

Step 4.

Rinse your hands well under clean, running water.

Step 5.

Dry your hands using paper towel or air dry them.

This material was prepared by the End Stage Renal Disease National Coordinating Center (ESRD NCC) contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication Number: FL-ESRD NCC-7N21A1-11142017-01

It’s in Your HANDS

PRACTICE SAFE CARE FOR CLEAN HANDS.

Handwashing prevents infections. Ask your caregiver and loved ones to clean their hands, even in your home.

Practice protection from infection, even at home.

Publication Number: FL-ESRD NCC-7N21A3-01272017-01

CLEAN HANDS COUNT

KNOW THE TRUTH TO PROTECT YOURSELF FROM SERIOUS INFECTIONS

TRUTH

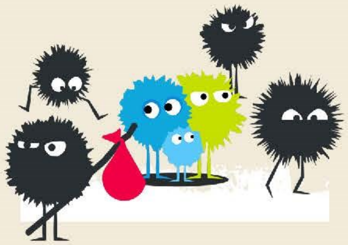
On average, healthcare providers clean their hands less than half of the times they should.

THE NITTY GRITTY:

This can put you at risk for a serious infection. It's OK to ask your care team questions like, "Before you get started, would you mind cleaning your hands again?" Another way to bring it up is to thank them for cleaning their hands if you are uncomfortable asking.

TRUTH

Alcohol-based hand sanitizer kills most of the bad germs that make you sick.



THE NITTY GRITTY:

Your hands have good germs on them that your body needs to stay healthy. Your hands can also have bad germs on them that make you sick. Alcohol-based hand sanitizers kill the good and bad germs, but the good germs quickly come back on your hands.

TRUTH

Alcohol-based hand sanitizer does not kill *C. difficile*.

THE NITTY GRITTY:

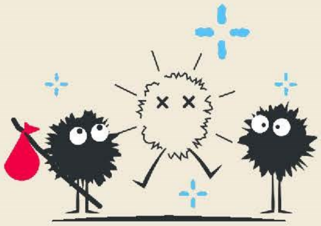
If you have a *C. difficile* infection, make sure your healthcare providers wear gloves to examine you. You, your caregiver, and loved ones should wash your hands with soap and water to prevent the spread of *C. difficile.*

WHAT IS *C. DIFFICILE*?

C. difficile or *"C. diff"* is a common healthcare-associated infection that causes severe diarrhea.

TRUTH

Alcohol-based hand sanitizer does not create antibiotic-resistant superbugs.



THE NITTY GRITTY:

Alcohol-based hand sanitizers kill germs quickly and in a different way than antibiotics. Using alcohol-based hand sanitizers to clean your hands does not cause antibiotic resistance.

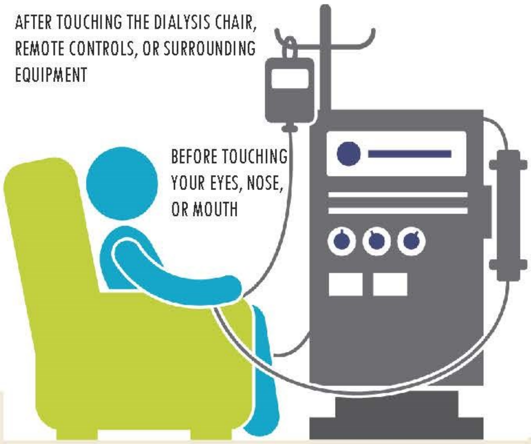
ALCOHOL-BASED HAND SANITIZER is a product that contains at least 60% alcohol to kill germs on the hands.

TRUTH

Your hands can spread germs.

THE NITTY GRITTY:

Make sure you and your visitors, caregivers, and healthcare providers are cleaning your hands at these important times:



AFTER TOUCHING THE DIALYSIS CHAIR, REMOTE CONTROLS, OR SURROUNDING EQUIPMENT

BEFORE TOUCHING YOUR EYES, NOSE, OR MOUTH

BEFORE AND AFTER CHANGING BANDAGES

AFTER BLOWING YOUR NOSE, COUGHING, OR SNEEZING

www.cdc.gov/HandHygiene

This material was prepared by the CDC and adapted with permission by the End Stage Renal Disease National Coordinating Center (ESRD NCC) contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy nor imply endorsement by the U.S. Government. Publication Number: FL-ESRD NCC-7N21A3-01272017-03

Turning **Negatives** *into* **Positives**

Addressing Patients' Common Concerns and Fears

Why Transplant is a Good Idea

"Why should I go for a transplant consultation? I know what I'm dealing with when it comes to dialysis."	There is no cure for renal failure; every modality has its long-term effects. Transplantation is the best modality—it provides you with a working kidney and reduces many of the long-term effects dialysis can cause.
"I don't think I'm a candidate for transplant."	The first step in finding out if you are a candidate is to call a transplant center and make an appointment. There is no harm in making the call to find out. Many facilities are giving transplants to patients who previously would not be transplanted.
"I often feel very tired."	Transplantation helps filter poisons from your blood and produces red blood cells that bring more oxygen to your body. This can make you feel less tired.
"I can't control my blood pressure."	After a transplant, your blood is filtered 24 hours a day by your new kidney. This removes the fluid that causes high blood pressure when on dialysis. Since the fluid is filtered through your kidney all day, you won't have the same low blood pressure concerns that you may have during dialysis treatment. Instead of being discouraged from drinking a lot of fluids, you are encouraged to!
"I don't feel like eating; food doesn't taste good."	With cleaner blood and normal chemistries in your system, food will taste better. Once you receive a transplant you are encouraged to eat all foods and drink all liquids that you had to stay away from while on dialysis.
"I have problems with my fistula and the insertion of needles in my arm."	With transplantation, the only needles required are for blood work to monitor you kidney function.
"I am always depending on my family to get me to and from dialysis."	After transplantation, you will still need family support to go to and from the clinic, but after the kidney is stable (about six months after transplant), you will get your independence back.
"I never remember to take phosphate binders with meals."	Transplantation helps your body get rid of excess phosphorus, so you will not have to take a phosphate binder or limit high phosphorus foods in your diet.

Better healthcare, realized.

To file a grievance, please contact us:

IPRO End-Stage Renal Disease Network of New England
1952 Whitney Avenue, 2nd Floor, Hamden, CT 06517
Patient Toll-free: (866) 286-3773 (Patients only) • Phone: (203) 387-9332
Fax: (203) 389-9902 • E-mail: info@nw1.esrd.net • Web: network1.esrd.ipro.org

Developed by IPRO ESRD Network of New England while under contract with Centers for Medicare & Medicaid Services. Contract HHSM-500-2016-00019C

Transplant Resources

Living Donor Assistance

Transplant 7 Steps Study

My Transplant Coach: Access to Training, Education and Videos

ASCENT Transplant Video

Dental Management & Transplant Article

Transplant Program Growth Article

Transplant Health Literacy

HIV Organ Policy Equity (HOPE) Act

Religious Views on Organ Donation/Transplantation

Donate Life

Pros and Cons of Kidney Transplant with Patient Perspective Video

UNOS Kidney Transplant Learning Center

Access to Kidney Transplant Data by the US Department of Health & Human Services

(OPTN) Dialysis Patients Citizens (DPC) Transplant Education Center

"The strongest people I've met have not been given an easier life. They've learned to create strength and happiness from dark places." – Kristen Butler

Emergency Preparedness

Are You Ready!

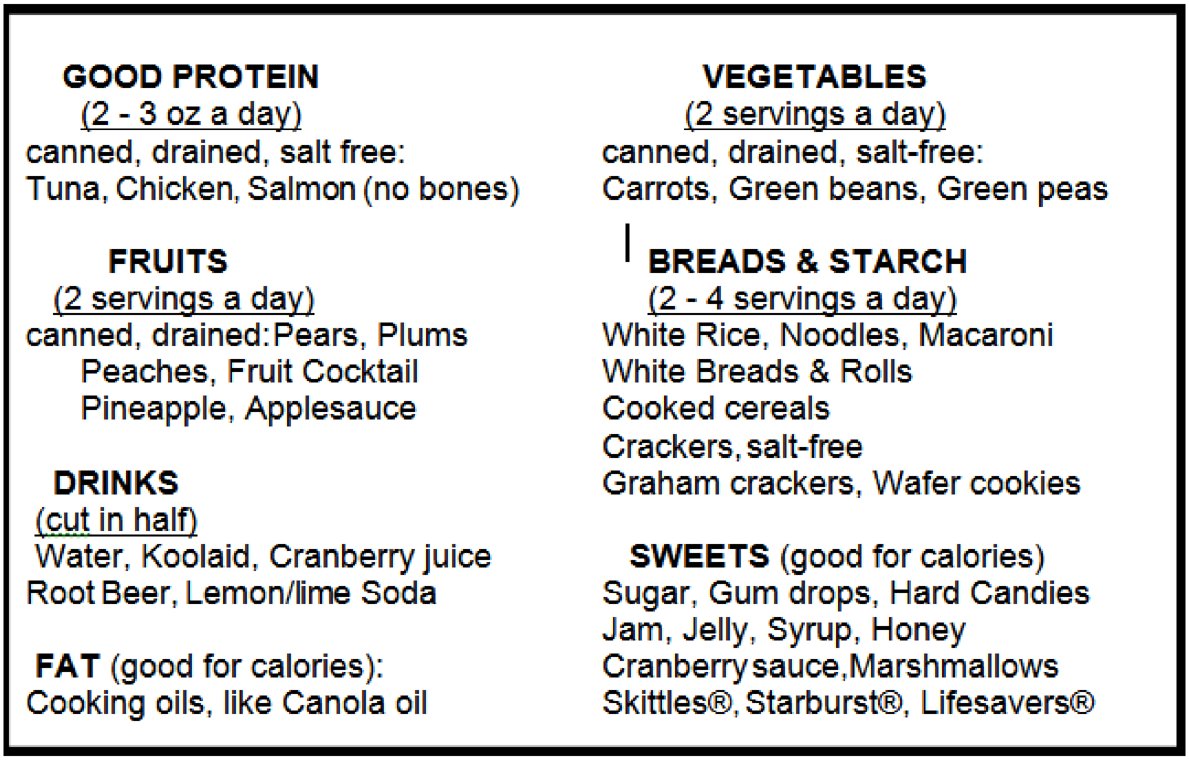
R- **Rx** (Prescriptions). Keep a list of all medicines you take. Always have a week's supply on hand.
E- **E.R.** Go to the emergency room if you have serious problems.
A- **Access** to people & places. Make a list of phone numbers most important to you.
D- **Diet & liquids**. Keep safe supplies on hand. When you can't go to dialysis, you can't drink much at all!
Y- **YOU**! Make a plan with family, friends & neighbors to stay safe.

Go to the Hospital E.R. if you have serious problems, like:

- **Major Injury** How are you hurt?
- **Pain** that is not normal for you
- Unusual **swelling**
- **Shortness of breath**, trouble breathing
- **Chest pain**
- **Blurry vision**
- **Others**

Emergency 3 Day Diet Plan

Use an air-tight, insect-proof container. Replace each year. Don't forget – if you can't go to dialysis, you can't drink much!



GOOD PROTEIN
(2 - 3 oz a day)
canned, drained, salt free:
Tuna, Chicken, Salmon (no bones)

FRUITS
(2 servings a day)
canned, drained: Pears, Plums
Peaches, Fruit Cocktail
Pineapple, Applesauce

DRINKS
(cut in half)
Water, Koolaid, Cranberry juice
Root Beer, Lemon/lime Soda

FAT (good for calories):
Cooking oils, like Canola oil

VEGETABLES
(2 servings a day)
canned, drained, salt-free:
Carrots, Green beans, Green peas

BREADS & STARCH
(2 - 4 servings a day)
White Rice, Noodles, Macaroni
White Breads & Rolls
Cooked cereals
Crackers, salt-free
Graham crackers, Wafer cookies

SWEETS (good for calories)
Sugar, Gum drops, Hard Candies
Jam, Jelly, Syrup, Honey
Cranberry sauce, Marshmallows
Skittles®, Starburst®, Lifesavers®

Emergency Preparedness cont.

- **Eat only** half (**1/2**) of the meat that you would usually eat.
- **Drink only** half (**1/2**) of what you would usually drink. Even limit foods high in water like cooked cereal/pastas, fruits, vegetables, gelatin, ice cream, sherbet, ice.
- **Plan to have only salt-free foods!**
- **Avoid <u>all</u> high-potassium foods.** Some of these are milk (all kinds), beans (all kinds), nuts (all kinds), bananas, potatoes (French fries, baked potatoes, yams), oranges & orange juice, prunes, spinach, avocado and substitute salt.

<u>Keep a list from your dialysis dietitian in your emergency box.</u>

- **If you have diabetes, plan for ways to treat low blood sugar.**

No Electricity? Food in the refrigerator will stay fresh for a few days. Open the refrigerator as little as possible to keep foods cold.

Use foods from your refrigerator first!

DO NOT HAVE THESE FOODS

These foods are <u>NOT</u> recommended for your 3-Day Emergency Diet:

- Sport drinks and drinks with phosphate
- Powdered drink mixes
- Bran
- Granola
- Cereal with dried fruits or nuts
- Heavy syrup, raisins, or dried fruit in canned fruit or fruit cups
- Dried beans such as pinto, navy, black, ranch style or kidney beans
- Potatoes
- Tomatoes

RESTRICT FLUID INTAKE

Using a fluid plan will help you avoid trouble with breathing and swelling. Speak to your healthcare team about how much fluid you can have.
Remember that all fruits and vegetables contain water.

<u>Tips to help reduce your thirst</u>

- Suck on hard candy
- Chew gum
- Limit salt intake
- Have a mix of sugar candy and unsweetened candy
- Rinse your mouth out with mouthwash

Evacuate or Stay at Home

If a hurricane is coming, you may hear an order to evacuate (leave your home). Never ignore an order to evacuate. Even sturdy, well-built houses may not hold up against a hurricane. Staying home to protect your property is not worth risking your health and safety. You may also hear an order to stay at home. Sometimes, staying at home is safer than leaving. (Center for Disease Control and Prevention)

If you need to evacuate:

- Only take what you really need with you, like your cell phone, chargers, medicines, identification (like a passport or license), and cash.
- Make sure you have your car emergency kit (https://www.cdc.gov/disasters/hurricanes/preparedness.html).
- If you have time, turn off the gas, electricity, and water. Also unplug your appliances.
- Follow the roads that emergency workers recommend even if there's traffic. Other routes might be blocked.

If you need to stay home:

Keep listening to the radio or TV for updates on the hurricane.

Stay inside. Even if it looks calm, don't go outside. Wait until you hear or see an official message that the hurricane is over. Sometimes, weather gets calm in the middle of a storm but then gets worse again quickly.

Stay away from windows. You could get hurt by pieces of broken glass during a storm. Stay in a room with no windows, or go inside a closet.

Be careful. Winds can blow debris — like pieces of broken glass and other objects — at high speeds. Flying debris is the most common cause of injury during a hurricane. You're also at a higher risk of breaking a bone or cutting yourself on loose nails, metal, or other objects.

Be ready to leave. If emergency authorities order you to leave or if your home is damaged, you may need to go to a shelter or a neighbor's house.

Emergency Preparedness Checklist and Tips

An emergency can happen at a moment's notice.
Act now and prepare before disaster strikes! This checklist will help you get started.

You're not prepared if you cannot check these items on your emergency plan:

☐ **My dialysis facility has the current street address and phone number(s) that they need to contact me and/or household member(s) or care partner(s).**

☐ **I have discussed my emergency plan and my dialysis facility with my household members.**

Dialysis facility name: ____

Dialysis facility address: ____

Dialysis facility telephone number: _____________________________________

☐ **I have a back-up plan to get care if my dialysis facility is closed.**

Alternative dialysis facility: ____

Alternative dialysis facility address: _____________________________________

Alternative dialysis facility telephone number: ____________________________

☐ **I have a copy of my current treatment prescription record.**

Current Dialysis Prescription

Time on treatment: ______________________

Blood flow rate: ________________________

Dialysate flow rate: ______________________

Dialysate: ___________________________

Treatment anticoagulation medication: ___________________________

☐ **I have an additional medical condition:**____

☐ **I check the items in my emergency kit every six months to ensure they have not expired and are working properly.**

☐ **I review and update my emergency list at least every six months.**

Use this list to help you build your emergency kit:

☐ Prescription medications and list of medications
☐ Insurance and/or Medicare Card
☐ Current copy of monthly lab report
☐ First aid kit
☐ Bottled water
☐ Renal diet friendly non-perishable food
☐ Cash
☐ Spare glasses
☐ Manual can opener
☐ Warm blanket
☐ Battery-powered radio
☐ Flashlight with extra batteries
☐ Cell phone with charger
☐ Books, games, puzzles
☐ Contact list of healthcare members
☐ Picture ID
☐ Car tank full of gas/alternative transportation

Discuss your emergency plans with your household members and care team.

Patient Assistance Hotlines

ARA: 888.880.6867 **DaVita:** 800.400.8331 **DCI:** 866.424.1990 **Fresenius:** 800.626.1297 **US Renal Care:** 866.671.8772

ESRD Network:________________________________

This material was prepared by the Kidney Community Emergency Response (KCER) contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. CMS Contract #: HHSM-500-2016-00007C Publication Number: FL-KCER-7K2T3C-07252018-01.

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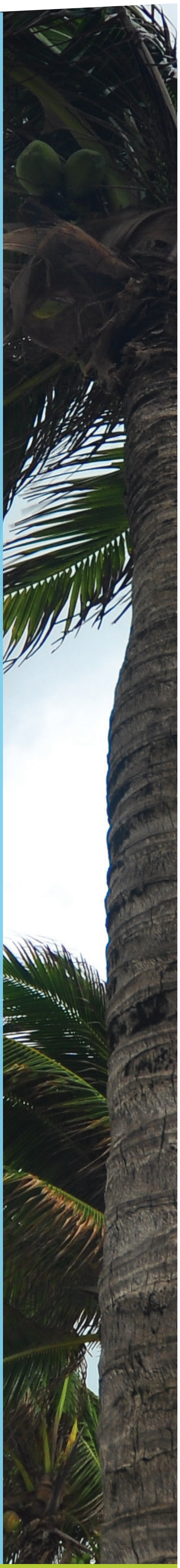

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- Cash
- Spare glasses
- Manual can opener
- Warm blanket
- Battery-powered radio
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KEYS TO
A LONG LIFE

Just the Facts: Dealing with Depression

What is depression?

Depression is a state of mind where none of the things that used to make you happy work any more. It is sometimes called "the blues" or being "down in the dumps." Depression is very common after some of life's most cruel events, such as death, divorce—or learning you have kidney failure. Experts say one of every three or four dialysis patients is depressed.

Depression is *not* just a rare day of sadness. Feeling hopeless and helpless for a few weeks is a clue that you might be depressed. Sleeping or eating more or less than usual—or missing dialysis—can also be clues.

The good news is that depression can sometimes be prevented, and can always be treated.

Why is depression important to me?

Depression can take the joy out of life. It can steal your energy and make you feel like there is no hope, or no reason to go on living. If you are depressed, getting dressed and out of the house can feel like climbing a mountain. Being depressed can also make your health worse.

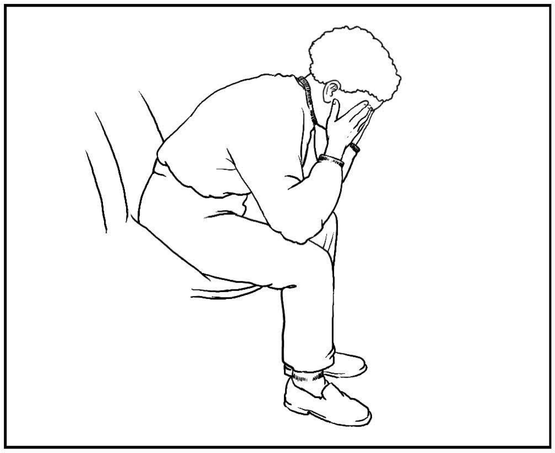
If you are depressed, it can be hard to believe that life can get better again—but it *can*. Getting help for depression can give you your life back.

What can I do if I feel sad or afraid?

When you learn that your kidneys no longer work, it is normal to feel angry, fearful, and sad. Your doctor or nurse can answer medical questions, and a social worker at your unit can help you during this hard time.

You have a lot to learn, and many changes to fit into your life. Write down your questions, so you can get them answered and reduce your worrying. You will have ups and downs as you adjust to kidney failure. This is normal.

After you get used to your new life and get answers to your questions, you should start to feel better. Even though your dialysis schedule and new eating plan may be hard to get used to, they should start to feel like a normal part of who you are and what you do each day.



What can I do if I am depressed?

Try the tips listed on the other side of this page every day for a few weeks. They have helped many people feel better. If they do not help you at all, or if you feel like you want to die, tell your doctor and/or social worker. There are many types of medication that can help you feel better.

March 2005

How can I fight depression?

Problem	How can I prevent it?	What should I ask?
I just want to pull the covers over my head and sleep all day.	• Make plans for the day that you will look forward to. • Try to keep busy. • Surround yourself with sights, sounds, and smells that give you happiness.	• Is there a support group meeting I could go to? • Are there classes nearby that I could take? • Where could I volunteer to help someone else?
I have no energy. I'm restless, and have the blahs.	• Start exercising, even a little. • Move around to upbeat music that you really like. • Spend at least 10 minutes every day outside in the fresh air. Walk if you can or sit.	• Is there a beginning exercise group I can join? • Is there anyone I can walk outside with?
I feel like I got a bad deal in life.	• List what you are grateful for. Look at your list each day and add to it. • Try to see the beauty and goodness in the world around you. Write it down. • Have an attitude of gratitude. • Reach out past yourself to help someone else.	• Who are the people who have been good to me? • Who are the people I have been good to? • Are there memories I treasure?
I can't go on like this.	• Reach out to your family and friends for support. • Talk to your social worker or religious counselor. • Seek professional help—ask for a referral to a counselor. • Ask your doctor about depression medications that can be used by people with kidney failure.	• Can you recommend a therapist for me to talk to? • Can you prescribe an antidepressant that will be safe for me to take?

Where can I find more information on depression?

- Visit Kidney School™ Module 5: *Coping with Kidney Disease* at *www.kidneyschool.org*.

Life Options Rehabilitation Program
414 D'Onofrio Drive, Ste. 200, Madison, WI 53719 • (800) 468-7777
www.lifeoptions.org • lifeoptions@meiresearch.org

Supported by Amgen Inc.

Grievance

If you are unhappy with the care or treatment you receive at your dialysis clinic or transplant center, or if you have a grievance about your care, you have the right to file a grievance with the ESRD Network or the Texas Department of State Health Services. Here's how to file your grievance:

1. First—try to talk to your nurse, doctor, or social worker about the problem. It is possible there is a simple explanation. Even if there is not a simple explanation, it may be possible for you and the clinic to work out a solution to the problem that could result in better care for you and other patients.
2. Next—if talking does not resolve the problem, or if you feel you cannot discuss your problem with the staff at your clinic, you can go directly to the regional administrator or even the corporate office of your dialysis company or transplant unit. The names and phone numbers of these people should be posted in the waiting room of you clinic.
3. If none of the above actions work, if you feel your clinic or corporation cannot help you, or you don't feel safe or comfortable talking to them, call one of the Toll Free numbers below for help.

Texas Department of State Health Services
(888) 973-0022

OR

The ESRD Network of Texas
(877) 886-4435

"I don't want my pain and struggle to make me a victim.
I want my battle to make me someone else's hero." – Unknown

My Notes

Resources

Mental Health

- Texas Department of State Health Services Mental Health
- Texas Department of State Health Services Mental Health and Substance Abuse
- Mental Health in Texas
- National Alliance on Mental Illness (NAMI)

Diabetes Websites

- Centers for Disease Control and Prevention - Diabetes Public Health Resource
- American Diabetes Association
- Juvenile Diabetes Research Foundation International

ESRD National Coordinating Center (NCC)

The ESRD National Coordinating Center (NCC) supports and coordinates national activities including:

- Developing and distributing technical and educational materials to members of the ESRD community, includ-ing providers and new dialysis patients
- Collecting, analyzing and reporting data for use by the Networks and the Centers for Medicare and Medicaid Services (CMS)
- Centralized coordination of emergency preparedness/response services
- Convening national Patient and Family Engagement and Clinical AIMs Learning and Action Networks

The NCC supports improvement in the three core goals of the ESRD Network Program:

1. Better care for the individual through beneficiary and family centered care
2. Better health for the ESRD population
3. Reduce costs of ESRD care by improving care.

Email: NCCInfo@hsag.com

Phone: 844.472.4250

Facebook: www.facebook.com/esrd.ncc

Twitter: https://twitter.com/ESRDNCC

Renal Related Organizations

American Association of Kidney Patients (AAKP)

American Kidney Fund (AKF)

American Nephrology Nurses' Association (ANNA)

National Kidney Foundation (NKF)

American Society of Diagnostic & Interventional Nephrology (ASDIN)

National Renal Administrators Association (NRAA)

Kidney Patient News

Coalition for Supportive Care of Kidney Patients

Kidney & Urology Foundation of America, Inc.

Medical Education Institute

Renal Physicians' Association (RPA)

LORAC – Life Options Rehabilitation Program

LORAC – Life Options Booklet: *Employment: A Kidney Patient's Guide to Working and Paying for Treatment* (PDF)

Kidney School

Home Dialysis Central

"Management of Anemia in Chronic Kidney Disease in Adults" (an educational tool from the National Kidney Foundation's Kidney Learning System)

Institute for Healthcare Improvement

International Transplant Nurses Society (ITNS)

Vascular Access Society

Government Agencies and Related Links

Veterans Health Administration (VHA) Kidney Program

Centers for Disease Control and Prevention (CDC)

CDC Mortality and Morbidity Weekly Report

Federal Register

Centers for Medicare & Medicaid Services

FistulaFirst

"Medicare and You"

"Your Medicare Rights and Protections"

National Center for Infectious Diseases

National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC)

National Kidney Disease Education Program

United Network for Organ Sharing (UNOS)

United States Renal Data System (USRDS)

MedPAC

Women in Government, Chronic Kidney Disease Policy Resource Center

Kidney Community Emergency Response

Texas Department State Health Services

References

- American Association of Kidney Patients (AAKP)
- American Kidney Fund
- Centers for Disease and Control Prevention
- ESRD National Coordinating Center (NCC)
- National Kidney Foundation (NKF)
- Dialysis Patients Citizens (DPC)
- Life Options

"You may not control all the events that happen to you,
but you can decide not to be reduced by them." – Maya Angelou

My Notes

Healthy Recipes

Pasta with Pesto

Servings: 8
Prep Time: 20 Mins
Cook Time: 15 Mins
Author: National Kidney Foundation
Degree of Difficulty: Easy
Meal: Lunch, Dinner
Course: Side Dish, Entree
Preferences: Vegetarian
Sponsored by:

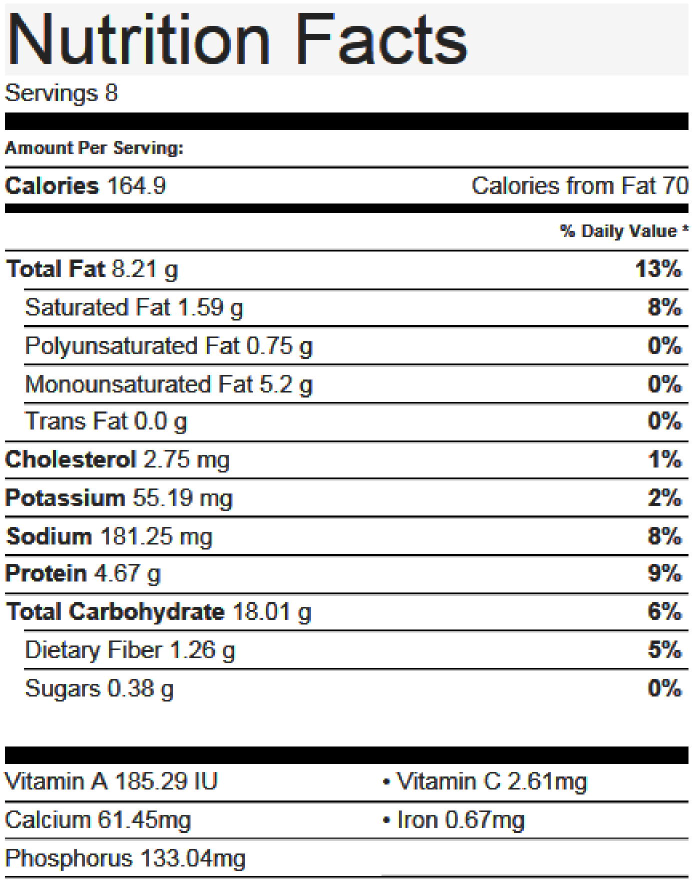
National Kidney Foundation™

Ingredients

- 1 lbs. Linguine
- 1/4 cup Olive Oil
- 1/4 cup Parmesan Cheese - Grated
- 2 tbsp., leaves Basil - Dried
- 1/4 cup chopped Parsley - Fresh
- 1 clove Garlic

Cooking Instructions

1. Combine all ingredients, except for the uncooked pasta, in a blender or food processor
2. Blend or process until smooth
3. Cook pasta in unsalted boiling water according to package directions
4. Toss sauce with drained pasta. Serve hot



Nutrition Facts

Servings 8

Amount Per Serving:

Calories 164.9	Calories from Fat 70
	% Daily Value *
Total Fat 8.21 g	**13%**
Saturated Fat 1.59 g	**8%**
Polyunsaturated Fat 0.75 g	**0%**
Monounsaturated Fat 5.2 g	**0%**
Trans Fat 0.0 g	**0%**
Cholesterol 2.75 mg	**1%**
Potassium 55.19 mg	**2%**
Sodium 181.25 mg	**8%**
Protein 4.67 g	**9%**
Total Carbohydrate 18.01 g	**6%**
Dietary Fiber 1.26 g	**5%**
Sugars 0.38 g	**0%**

Vitamin A 185.29 IU	• Vitamin C 2.61mg
Calcium 61.45mg	• Iron 0.67mg
Phosphorus 133.04mg	

* The Percent Daily Values are based on a 2,000 calorie diet.

This symbol indicates that there is missing or incomplete data for this nutrient.

Cobb Salad

Servings: 4
Prep Time: 30 Mins
Cook Time: 30 Mins
Author: National Kidney Foundation
Degree of Difficulty: Medium
Meal: Lunch, Dinner
Course: Salad, Entree
Preferences: Wheat Free
Sponsored by:

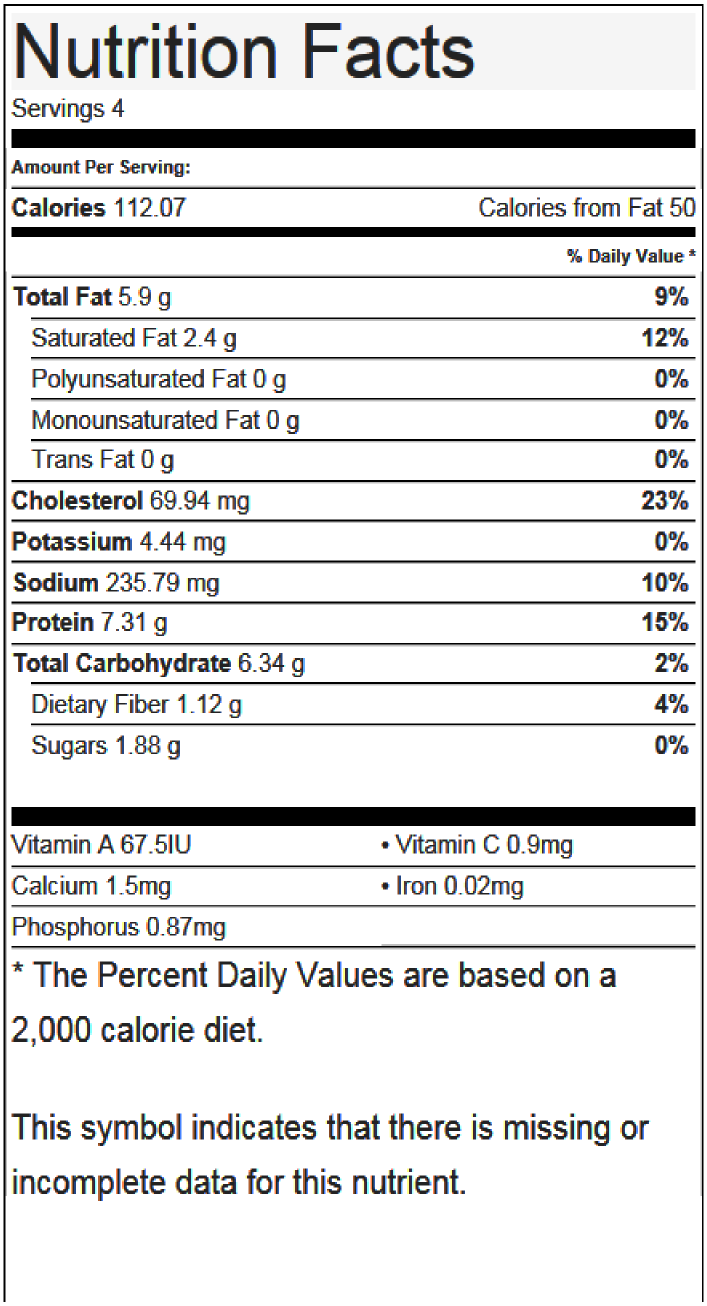
National Kidney Foundation™

Ingredients

- 0.25 cup Blue Cheese
- 2 cup Romaine Lettuce
- 1 cup Watercress
- 1 egg Eggs
- 2 slice Sliced Turkey Bacon
- 2 tbsp. chopped Chives
- 0.5 medium Tomatoes
- 4 oz. Roasted Turkey

Cooking Instructions

1. Dice tomato, cook and chop turkey bacon, slice roasted turkey, crumble blue cheese, and boil, peel and chop the egg.
2. Toss all lettuce together in a large bowl. You can top with other vegetables, meat, and cheese. For a classic presentation, divide ingredients in rows to top your salad. Enjoy!



Nutrition Facts

Servings 4

Amount Per Serving:

Calories 112.07 — Calories from Fat 50

	% Daily Value *
Total Fat 5.9 g	**9%**
Saturated Fat 2.4 g	**12%**
Polyunsaturated Fat 0 g	**0%**
Monounsaturated Fat 0 g	**0%**
Trans Fat 0 g	**0%**
Cholesterol 69.94 mg	**23%**
Potassium 4.44 mg	**0%**
Sodium 235.79 mg	**10%**
Protein 7.31 g	**15%**
Total Carbohydrate 6.34 g	**2%**
Dietary Fiber 1.12 g	**4%**
Sugars 1.88 g	**0%**

Vitamin A 67.5IU	• Vitamin C 0.9mg
Calcium 1.5mg	• Iron 0.02mg
Phosphorus 0.87mg	

* The Percent Daily Values are based on a 2,000 calorie diet.

This symbol indicates that there is missing or incomplete data for this nutrient.

End Stage Renal Disease Network of Texas

4099 McEwen Rd. Suite 820
Dallas, TX 75244
Toll Free: 877-886-4435
Phone: 972-503-3215
Fax: 972-503-3219
E-mail: Info@nw14.esrd.net

We're on the web!
www.esrdnetwork.org

Follow us on Twitter:
@ESRDNetworkofTX

Follow us on LinkedIn:
ESRD Network of Texas

Our Mission

We support equitable patient- and family-centered quality dialysis and kidney transplant health care through patient services, education, quality improvement, and information management.

Our Vision

We will foster engaged patients and families that receive high quality and safe patient- and family-centered care in welcoming environments for patients and family.

Our Values

We strive to understand and act upon the needs of customers, employees, boards, and partners.

Our success is dependent on collaboration with providers, patients, and the volunteer Network boards and committees.

We act with integrity in all we do.

Alliant Health Solutions

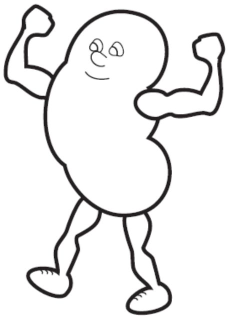
Alliant Health Solutions is a division of Alliant Health Group, a family of companies that provides professional services supporting the effective administration of healthcare programs and funding to support healthcare improvement initiatives. Alliant Health Solutions provides Federal and state government entities with the services, expertise and information systems necessary to increase the effectiveness, accessibility and value of health care.

Alliant Quality also supports two ESRD Networks, Networks 8 and 14, in improving the quality of care for ESRD patients in Alabama, Mississippi, Tennessee and Texas. The two ESRD Networks comprise the Alliant Quality Kidney Collaborative, a partnership that facilitates rich collaboration and increased efficiencies for both Network's patient and family engagement activities.

ALLIANT QUALITY

KIDNEY COLLABORATIVE

Pediatric Patient Activities



The End Stage Renal Disease Network Of Texas, Inc.
4099 McEwen Rd. Suite 820. Dallas. TX 75244
972-503-3215 * fax 972-503-3219 * info@nw14.esrd.net *
www.esrdnetwork.org

This book is intended for newly diagnosed pediatric ESRD patients and their families to give important information about treatment options and kidney disease that is understandable and entertaining for children. For more information, visit the ESRD Network of Texas, Inc website at www.esrdnetwork.org. Patients and families can contact the Network toll free at 1-877-886-4435.

Our advice to parents is to learn all you can about kidney disease and its treatments, to be involved in care and decisions as much as you can, and to be a partner with your child as members of the health care team. In any encounter regarding your child’s health and care remember to ask the following three questions:

1. What is the main problem?
2. What do we need to do about it?
3. Why is it important to do this?

If you can’t answer these three questions, say ***“Hold on, I need more information to understand what you are asking us to do.”***

The ESRD Networks work on contract with the Centers for Medicare & Medicaid Services as a liaison between Medicare and the patient and family. We are here to support quality dialysis and kidney transplant healthcare through patient services, education, quality improvement and information management. To file a complaint or grievance please contact NW 14 at 1-877-886-4435 or www.esrdnetwork.org.

The End Stage Renal Disease Network Of Texas, Inc.

4099 McEwen Rd. Suite 820 Dallas. TX 75244
972-503-3215 * fax 972-503-3219 * info@nw14.esrd.net *
www.esrdnetwork.org

Este libro fue preparado para pacientes de pediatría de ESRD recientemente diagnosticados con IRT (Insuficiencia Renal Terminal) y sus familiares, para darles información importante sobre opciones de tratamiento y sobre insuficiencia renal que sea entendible y a la vez entretenida para niños. Para más información, visite la página web de ESRD Network of Texas, Inc., www.esrdnetwork.org. Los pacientes y familiares pueden contactar a ESRD Network a la línea gratuita 1-877-886-4435.

Nuestro consejo para los padres es que aprendan todo lo que puedan sobre la Insuficiencia Renal y sus tratamientos, para estar involucrados en el cuidado y las decisiones tanto como les sea posible, y para ser compañeros de su niño como miembros del equipo de cuidado médico. En cualquier situación relacionada con el cuidado y la salud de su niño recuerde hacer las siguientes tres preguntas:

1. ¿Cuál es el problema principal?
2. ¿Qué debemos hacer al respecto?
3. ¿Por qué es importante hacerlo?

Si no puede responder estas tres preguntas, diga ***“Espere, necesito más información para entender qué es lo que nos está pidiendo que hagamos.”***

El ESRD Network trabaja en contacto con los Centros de Servicios de Medicare y Medicaid como un intermediario entre Medicare y el paciente y su familia. Estamos aquí para respaldar la diálisis de calidad y la asistencia médica de trasplante de riñón a través de servicios para el paciente, educación, mejoramiento de calidad y manejo de información. Para presentar una queja o reclamo por favor contacte a NW 14 al 1-877-886-4435 o en www.esrdnetwork.org.

Resources for Parents

End Stage Renal Disease Network of Texas, Inc
4099 McEwen Rd, Suite 820 Dallas, TX 75244
Phone: 1- 877-886-4435
Fax: 1-972-503-3219
Email: info@nw14.esrd.net
Website: www.esrdnetwork.org

National Kidney Foundation
30 East 33rd Street
New York, NY 10016
Phone: 1-800-622-9010
Fax: 1-212-689-9261
Website: www.kidney.org

American Kidney Fund
11921 Rockville Pike, Suite 300
Rockville, MD 20852
Phone: 1-800-638-8299
Email: helpline@kidneyfund.org
Website: www.kidneyfund.org

American Association of Kidney Patients
2701 N. Rocky Point Drive, Suite 150
Tampa, FL 33607
Phone: 1-800-749-2257
Fax: 1-813-636-8122
Email: info@aakp.org
Website: www.aakp.org

Renal Support Network
1311 N. Maryland Ave
Glendale, CA 91207
Phone: 1-818-543-0896
Fax: 1-818-244-9540
RSN HOPELine: 1-800-579-1970
Website: www.rsnhope.org

Life Options and Kidney School
c/o Medical Education Institute, Inc.
414 D'Onofrio Drive, Suite 200
Madison, WI 53719
Phone: 1-800-468-7777
Fax: 1-608-833-8366
Email: lifeoption@MEIresearch.org
Website: www.lifeoptions.org and
www.kidneyschool.org

The United Network for Organ Sharing (UNOS)
P.O. Box 2484
Richmond, Virginia 23218
Phone: 1-888-894-6361
Email: webmaster@unos.org
Website: www.unos.org

Transplant Living – A Service of UNOS
Website: www.transplantliving.org

Medicare
U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850
Phone: 1-800-MEDICARE (1-800-633-4227)
Website: www.medicare.gov

Texas Department of State Health Services
ESRD Facility Licensure Certification Division
1100 W. 49th St
Austin, TX 78756
Phone: 1-888-973-0022

To file a complaint or grievance please contact the ESRD Network of Texas, Inc at
1-877-886-4435 or www.esrdnetwork.org

Recursos por los Padres

La Red ESRD de Texas, Inc. Núm 14
4099 McEwen Rd, Suite 820
Dallas, TX 75244
Numero Teléfono: 1- 877-886-4435
Fax: 1-972-503-3219
info@nw14.esrd.net
www.esrdnetwork.org

Fundación Nacional del Riñón
30 East 33rd Street
New York, NY 10016
Numero Teléfono: 1-800-622-9010
Fax: 1-212-689-9261
www.kidney.org

Fondo Renal de Estados Unidos
11921 Rockville Pike, Suite 300
Rockville, MD 20852
Numero Teléfono: 1-800-638-8299
helpline@kidneyfund.org
www.kidneyfund.org

Asociación Americana de Pacientes Renales
2701 N. Rocky Point Drive, Suite 150
Tampa, FL 33607
Numero Teléfono: 1-800-749-2257
Fax: 1-813-636-8122
info@aakp.org
www.aakp.org

Red de Apoyo Renal (RSN)
1311 N. Maryland Ave
Glendale, CA 91207
Numero Teléfono: 1-818-543-0896
Fax: 1-818-244-9540
RSN HOPELine: 1-800-579-1970
www.rsnhope.org

Centro de Educación Renal
c/o Medical Education Institute, Inc.
414 D'Onofrio Drive, Suite 200
Madison, WI 53719
Numero Teléfono: 1-800-468-7777
Fax: 1-608-833-8366
lifeoption@MEIresearch.org
www.lifeoptions.org y www.kidneyschool.org

Red de Donación de Órganos (UNOS)
P.O. Box 2484
Richmond, Virginia 23218
Numero Teléfono: 1-888-894-6361
Email: webmaster@unos.org
Website: www.unos.org

Vida de Transplante – Un servicio de UNOS
www.transplantliving.org

Medicare
Departamento de salud y servicios humanos de Estados Unidos.
Centros de Medicare.
7500 Security Boulevard
Baltimore, MD 21244-1850
Numero Teléfono: 1-800-MEDICARE
(1-800-633-4227)
www.medicare.gov

Servicios Sanitarios del Depto. de Estado de Texas (TDSHS)
1100 W. 49th St
Austin, TX 78756
Numero Teléfono: 1-888-973-0022

Presentar una queja por favor contacte a la Red 14 a 1-877-886-4435 and www.esrdnetwork.org

Pediatric Dialysis

ANNA
American Nephrology Nurses' Association

END STAGE RENAL DISEASE: WHAT IS IT?

Chronic kidney disease (CKD) or **end stage renal disease (ESRD)** may occur in children as a result of many systemic disorders or congenital malformations. The most common of these disorders or malformations are polycystic kidney disease, obstructive uropathy, hypoplastic or dysplastic kidneys, reflux nephropathy, and focal segmental glomerulosclerosis. Children with CKD may experience fatigue, sluggishness, decreased urine output, anemia, bone disease, and hypertension. Treatment can be complicated and involves the use of medication, special diet, and dialysis or transplantation. Renal transplantation should be the goal in managing these children.

TREATMENT OPTIONS: WHAT ARE THEY?

Unfortunately, the incidence of CKD in children has steadily increased over the past twenty years. Fortunately, treatment options have increased or have become more effective. Treatment options are incenter hemodialysis, home hemodialysis, peritoneal dialysis, and transplantation.

HEMODIALYSIS: WHAT IS IT?

Hemodialysis is a treatment that cleans the blood of excess waste products and removes excess fluid. Blood is removed from the child, passed through an artificial kidney or dialyzer. Excess water and waste are removed through a semipermeable membrane by diffusion and osmosis. The child must have blood vessel access by which the blood can be removed and returned. There are three types of vascular access for hemodialysis: arteriovenous fistula (AVF), arteriovenous graft (AVG), and central venous catheter (CVC).

Other Questions:
For questions and/or concerns please contact us at 1-888-600-2662

For more information about nephrology nursing, dialysis, transplantation, or other renal disorders, check out the American Nephrology Nurses' Association (ANNA) Web site at annanurse.org.

CHALLENGES FOR CHILDREN ON HEMODIALYSIS: WHAT ARE THEY?

Because children should gain weight with normal growth, blood pressure and weight data as well as physical exam should be utilized to evaluate estimated dry weight frequently. Difficulty tolerating fluid removal during treatment, weights greater than estimated dry weight (EDW) after dialysis with normal or low blood pressures and no appreciable edema likely indicates actual weight gain associated with growth.

One of the major challenges for children on hemodialysis is dietary and fluid restrictions. For infants, it is a challenge for the parents. For the school age child, social issues become a factor. Other children don't understand why this child cannot have french fries and a Coke with them. Peer pressure may make compliance much more difficult.

Children on hemodialysis must dialyze anywhere from three days per week to six days per week. This does interfere with time in school. School age children tend to miss several hours of school in a week. Dialysis centers try to supplement their learning with tutors and actual school teachers.

Children who grow up with renal failure may very well look physically different than other children their age. They may be small in stature, their skin may have a different hue, and they may have a very obvious graft or fistula in one of their extremities. Children with catheters cannot swim. Children with grafts or fistulas, as well as catheters are encouraged not to participate in contact sports. These factors can be socially and emotionally challenging.

CHILDREN ON HEMODIALYSIS: WHAT IS THE GOAL?

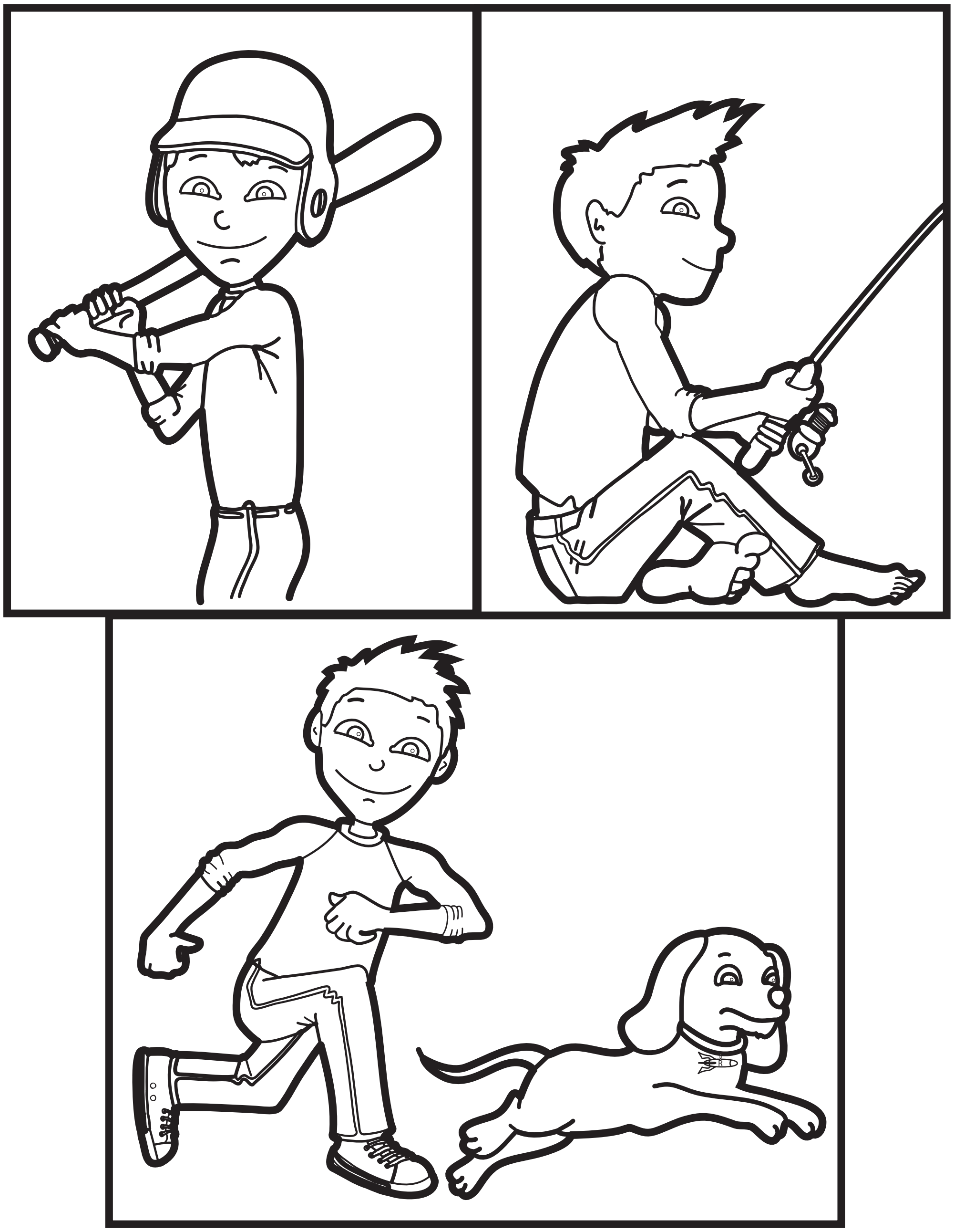
The goal for children on hemodialysis is optimal patient outcomes in order to remain as healthy as possible in preparation for an eventual kidney transplant. Patient care is very individualized based on the child's health status, physical age and emotional age, parental or guardian support and resources, as well as many other factors. Not all children will qualify for a kidney transplant, therefore their goal would be to maintain optimal health and to successfully transition into the adult dialysis environment.

KIDney TALES

COLORING AND ACTIVITIES BOOK

END STAGE RENAL DISEASE
NETWORK OF TEXAS

Hi. My name is Jack. I am 5 years old.

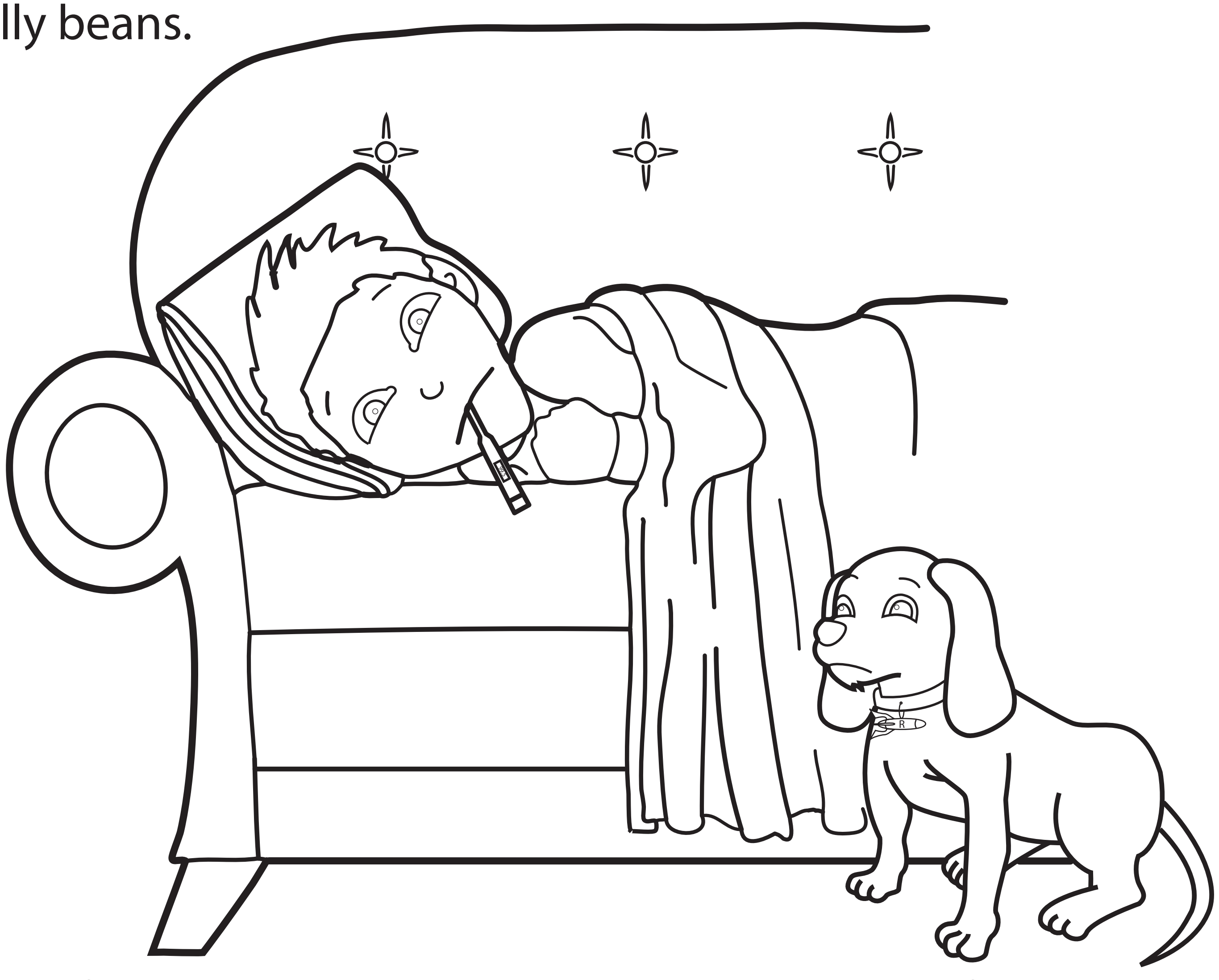


I like to play baseball, go fishing, and play outside with my friends.

Launch Pad Activity:
If you were a doctor what kind would you be?

____

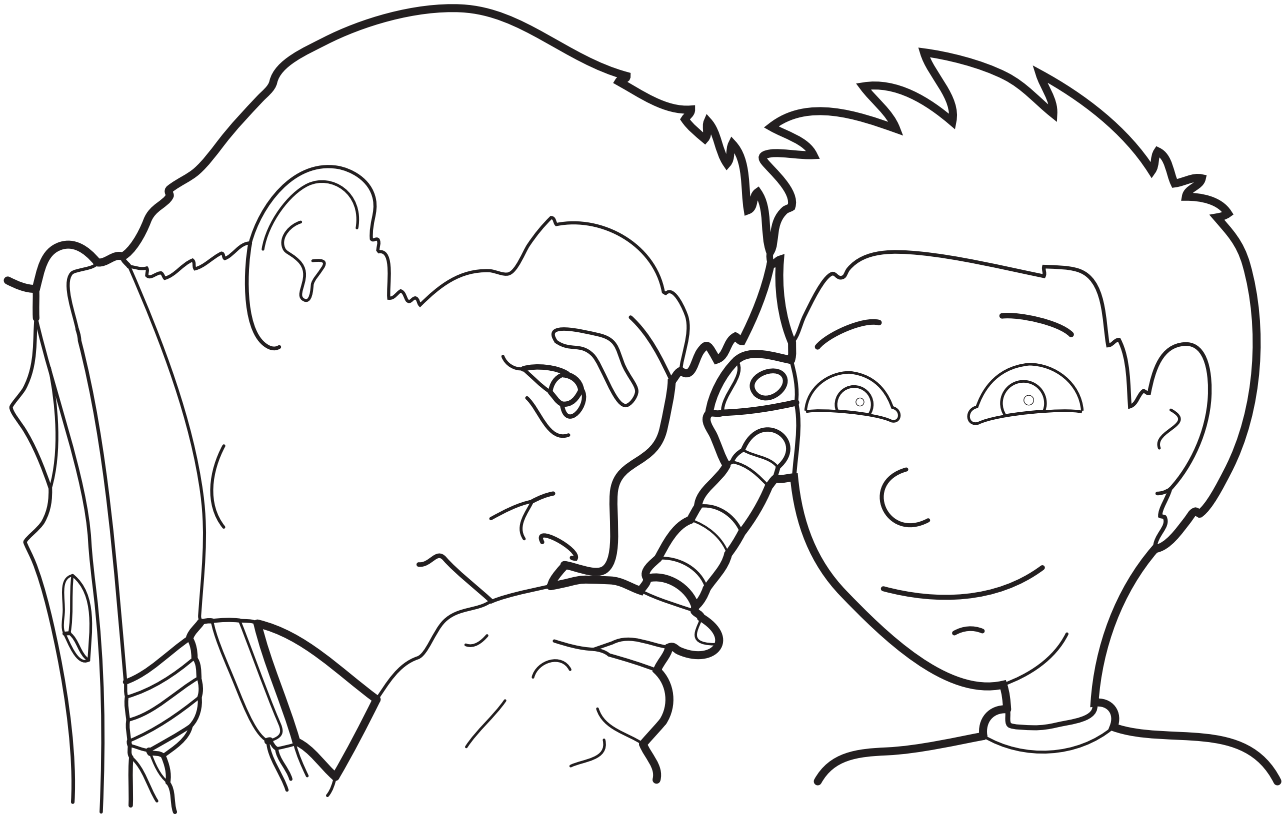
My favorite thing to do after school is play with my dog Rocket. He is very fast and we run around my backyard. But last week I did not feel like playing with Rocket. I was tired and just wanted to lay down. My tummy was feeling sick and I didn't even want to eat my favorite foods-marshmallows and jelly beans.



I was feeling so crummy that I had to stay home from school and I even missed baseball practice. My mom decided to take me to the doctor.

Launch Pad Activity:
Name a doctor or a nurse and say one thing you like about them. ____________________________

When I went to the doctor, the doctor checked my ears, my nose, and my throat. The doctor asked me and my mom and dad lots of questions about how I was feeling. The nurse also took a little bit of blood out of my arm. This was very scary but I was brave.



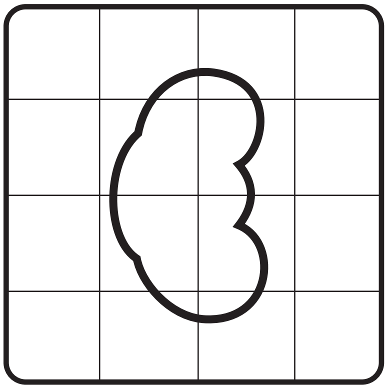
Launch Pad Activity:
Name someone who helps you to be brave.

____

Mom and dad and I waited a whole hour for the tests to come back.

Then the doctor came back and said the reason I was feeling bad is because my kidneys (kid-nees) were not working right.

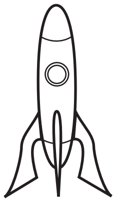
I had never heard of kidneys before. Do you know what your kidneys are?



Draw the

KIDNEY

in the large grid.

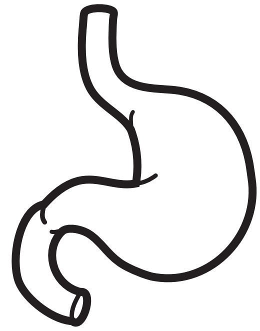


Launch Pad Activity:

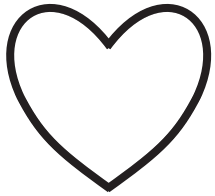
Name some fun things you can do while waiting to see the doctor. ____________________________

Kidneys are part of your body just like your heart and your tummy. When you run, you know your heart is working because you hear BOOM, BOOM, BOOM. When you are hungry your tummy lets out a GROWL. This whole time your kidneys are also working...very quietly.

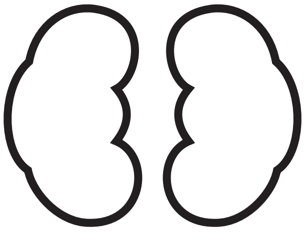
Match the body part with the **SOUND** it makes.



Shh! Works quietly.



GROWWWL!



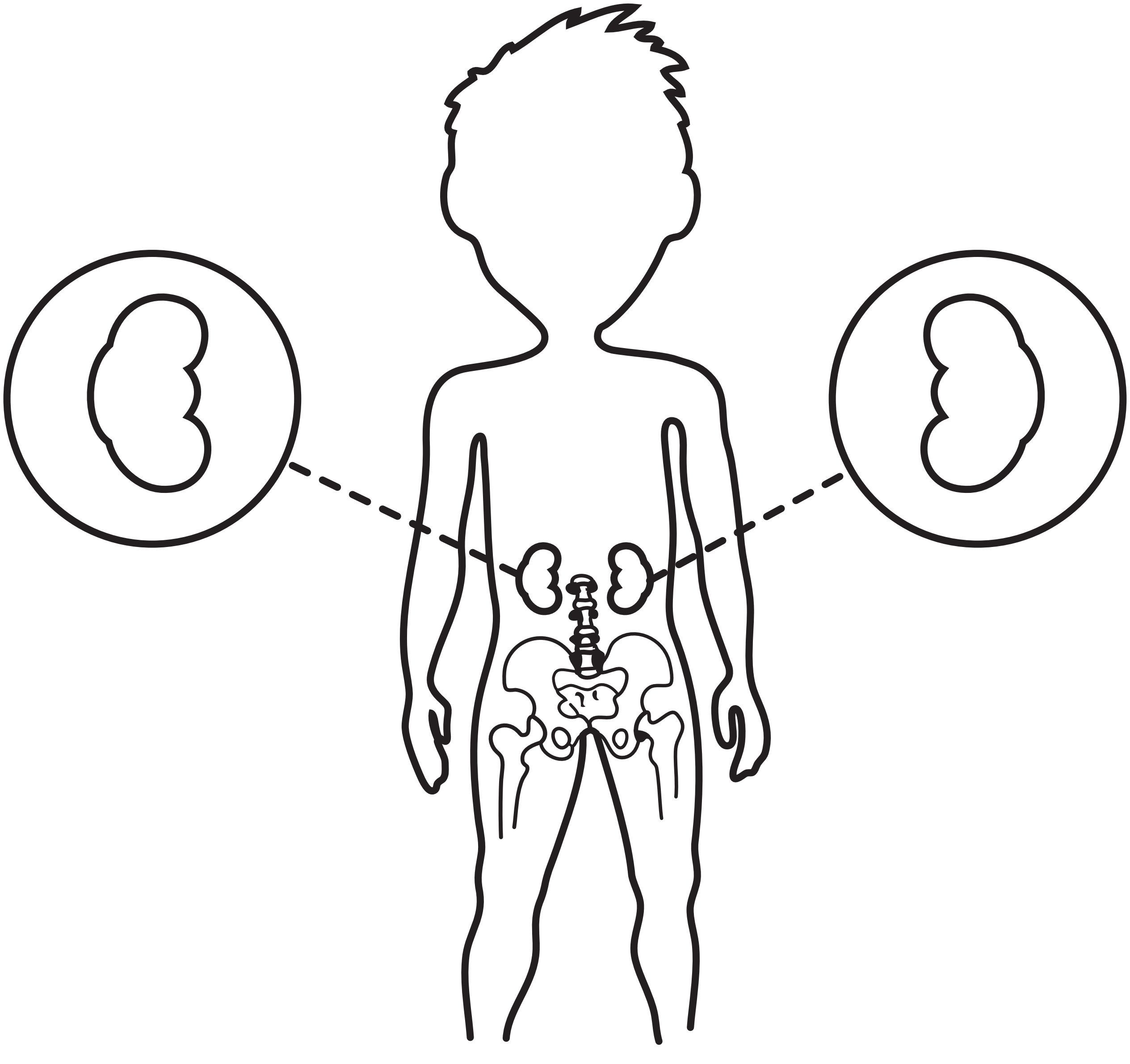
BOOM! BOOM!

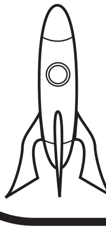
Launch Pad Activity:

What is something funny that has happened at the doctor's office? ______________________________

Every mom and dad, girl and boy has two kidneys and needs their kidneys to live. Your kidneys are tucked right under your ribs on either side of your backbone. Your kidneys are shaped like a bean and each one is the size of a fist.

Can you make a fist? That's how big your kidneys are!





Launch Pad Activity:

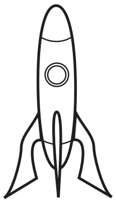
What would you change about visiting a doctor's office to make it more friendly? ____________________

So what do your kidneys do?
Your kidneys are like big washing machines. They clean your blood and make you pee. Your kidneys take out all the bad stuff in your blood. Your kidneys are your body's "trash" man. They help your bones grow and fight off colds.

Launch Pad Activity:
If you gave a report on kidney disease at school or if you were telling your friends about kidney disease, what would you say? ______________________

Have some fun with your friend’s with Tic Tac Toe.

Draw kidneys  instead of “o”s.

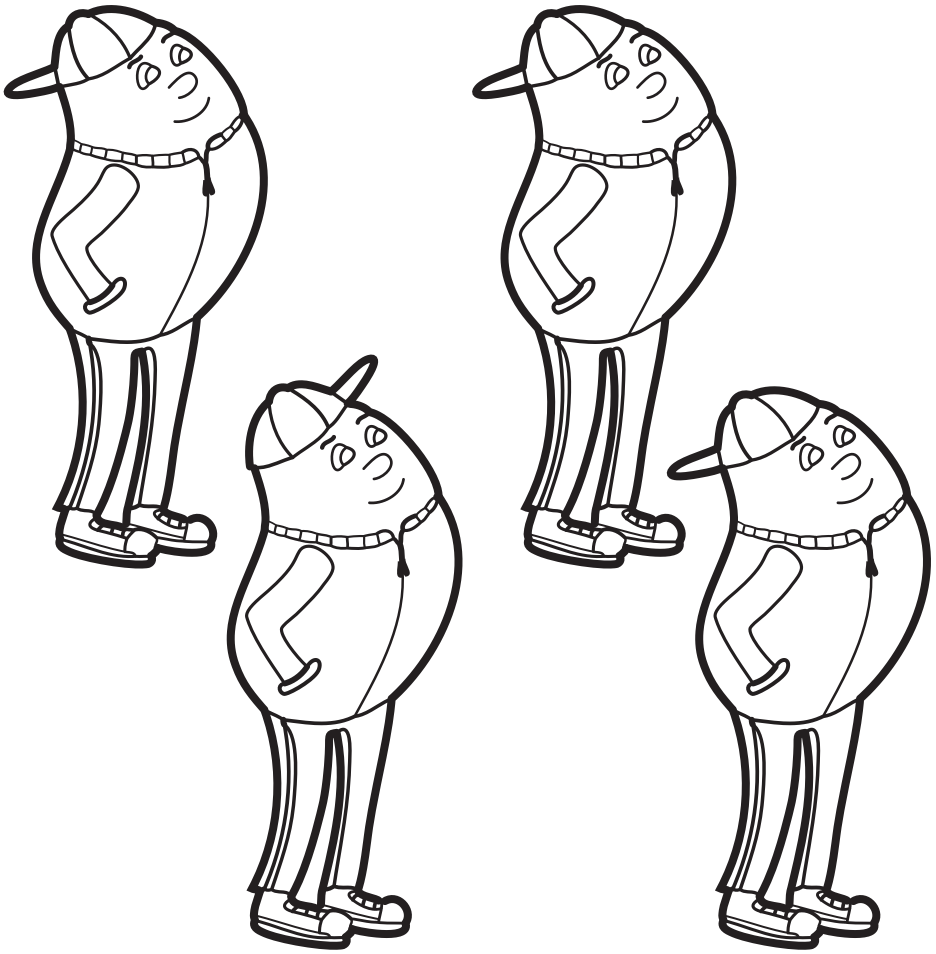


Launch Pad Activity:

Name one thing that a doctor or nurse has done to make you feel better. ______________________________

I was very scared when the doctor said that my kidneys aren't working. I didn't know if I would be able to eat jelly beans or marshmallows anymore. If my kidneys don't work could I still play baseball or play with my dog Rocket?

I asked my doctor: "What will happen to me since my kidneys don't work?"

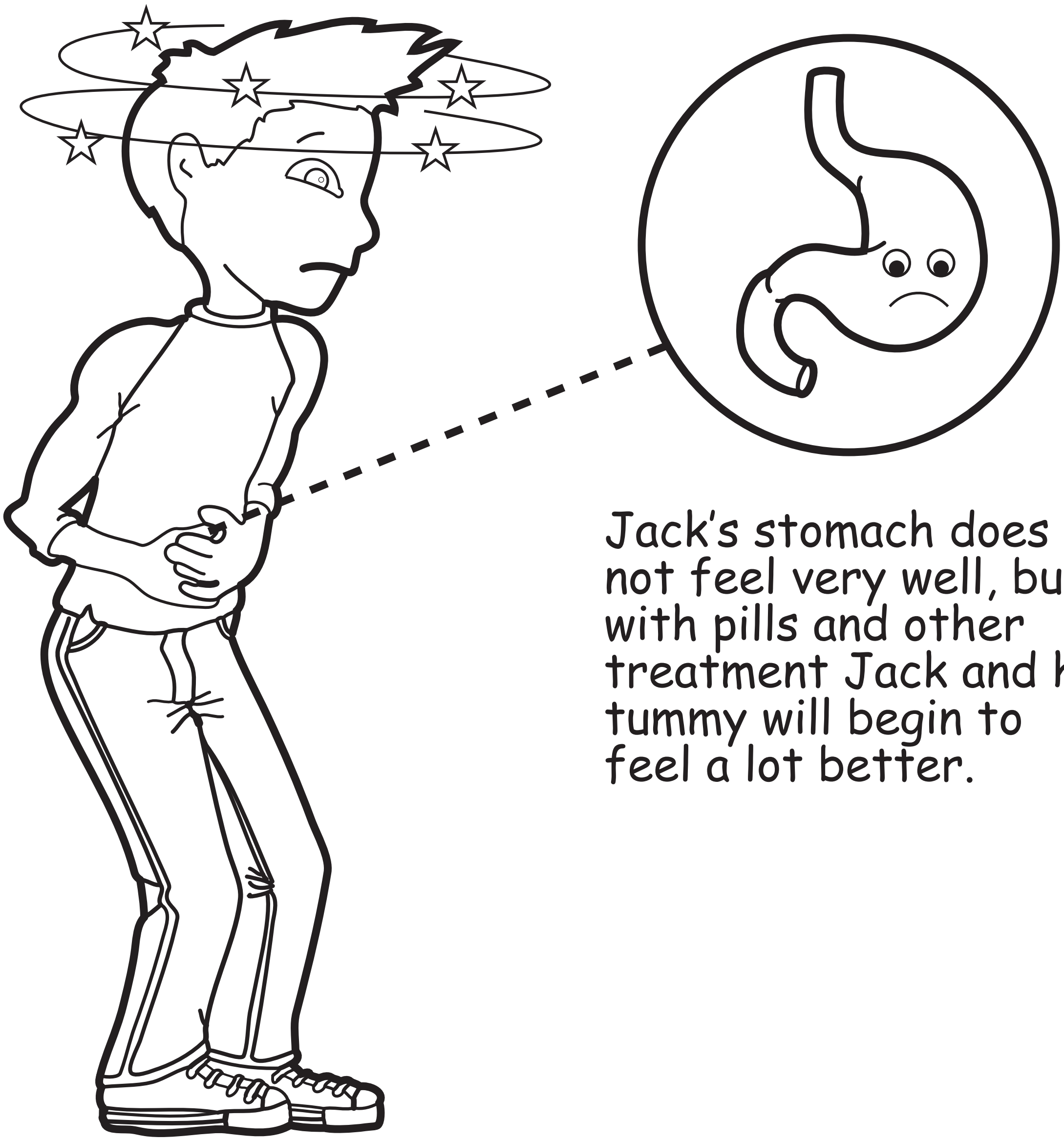


Put a Circle around the kidney that is different.

Launch Pad Activity:

Name a food that your doctor said you should not eat and why. ____________________

When your kidneys stop working you feel sick just like I did. You also feel tired and don't want to eat. Your tummy might ache and you could also start feeling dizzy. I didn't want to run around with my dog or play baseball. The doctor said I would have to take pills and do other things to make me feel better.



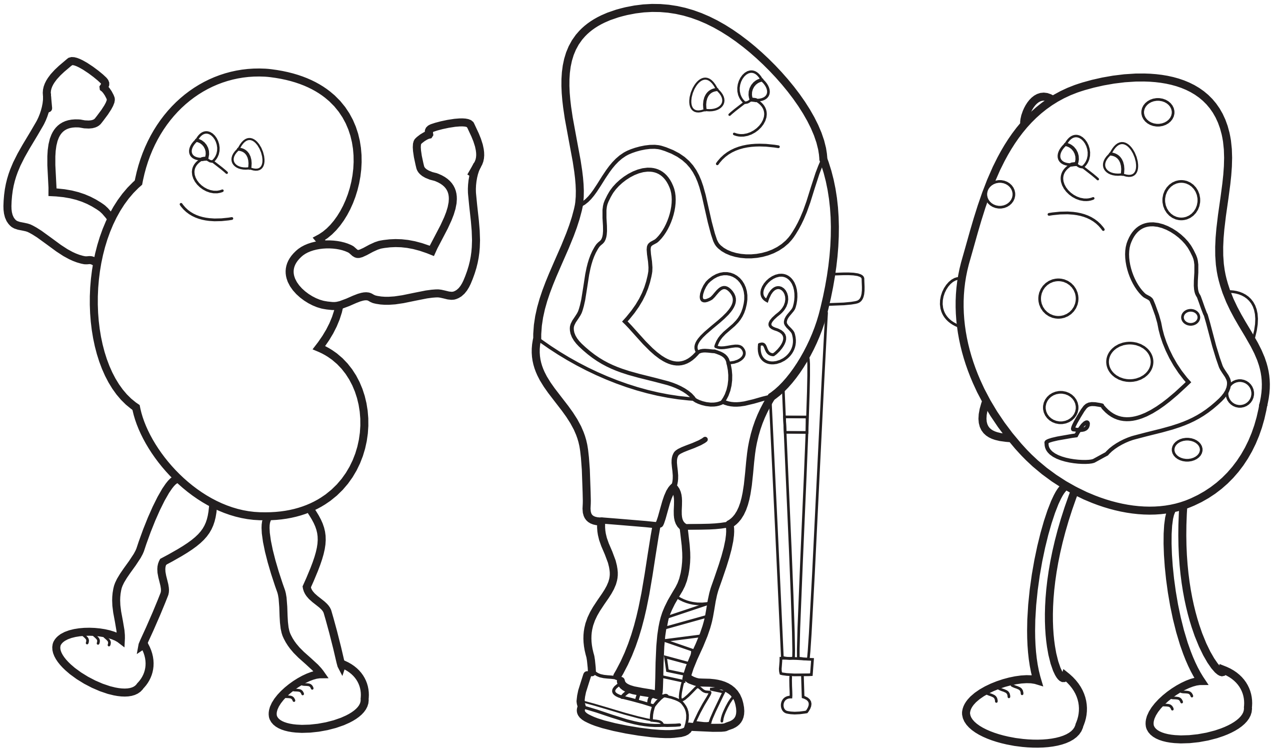
Jack's stomach does not feel very well, but with pills and other treatment Jack and his tummy will begin to feel a lot better.

Launch Pad Activity:

What is a good trick you would like to play on a doctor or nurse? ______________________________

I then asked my doctor: “Why did my kidneys stop working? What did I do that made my kidneys stop working?”

The doctor said there are lots of grown ups and kids whose kidneys stop working. Some are born with kidney problems. Other kidneys stop working slowly, over a long time. Some kidneys stop working because they get hurt or get a kidney sickness.



Launch Pad Activity:

Name all the people on your health (kidney) care team. Don’t forget to count yourself.

____

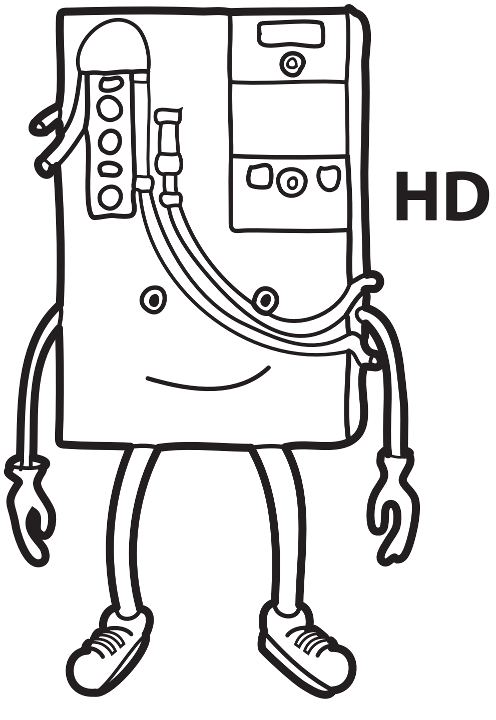
My parents had questions too.

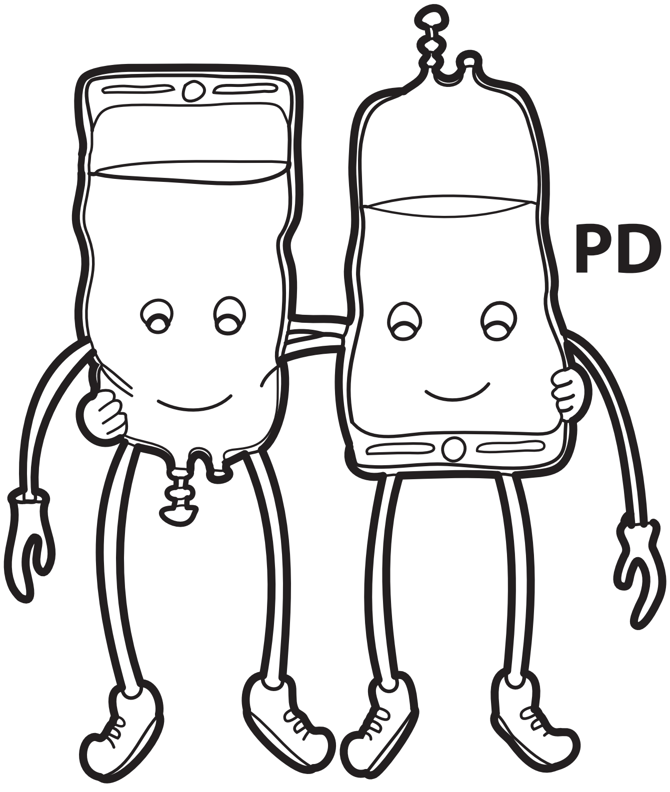
They wanted to know how the doctor was going to fix my kidneys and make me better.

The doctor said there are a few ways to make me feel better.

I needed to start dialysis (say: di-al-uh-sis). Dialysis is a way for your blood to get cleaned.

There are two kinds of dialysis: hemodialysis (say: hee-mo-di-al-uh-sis) or peritoneal dialysis (say: per-uh-tuh-nee-ul) dialysis. They are called HD and PD for short.





Launch Pad Activity:

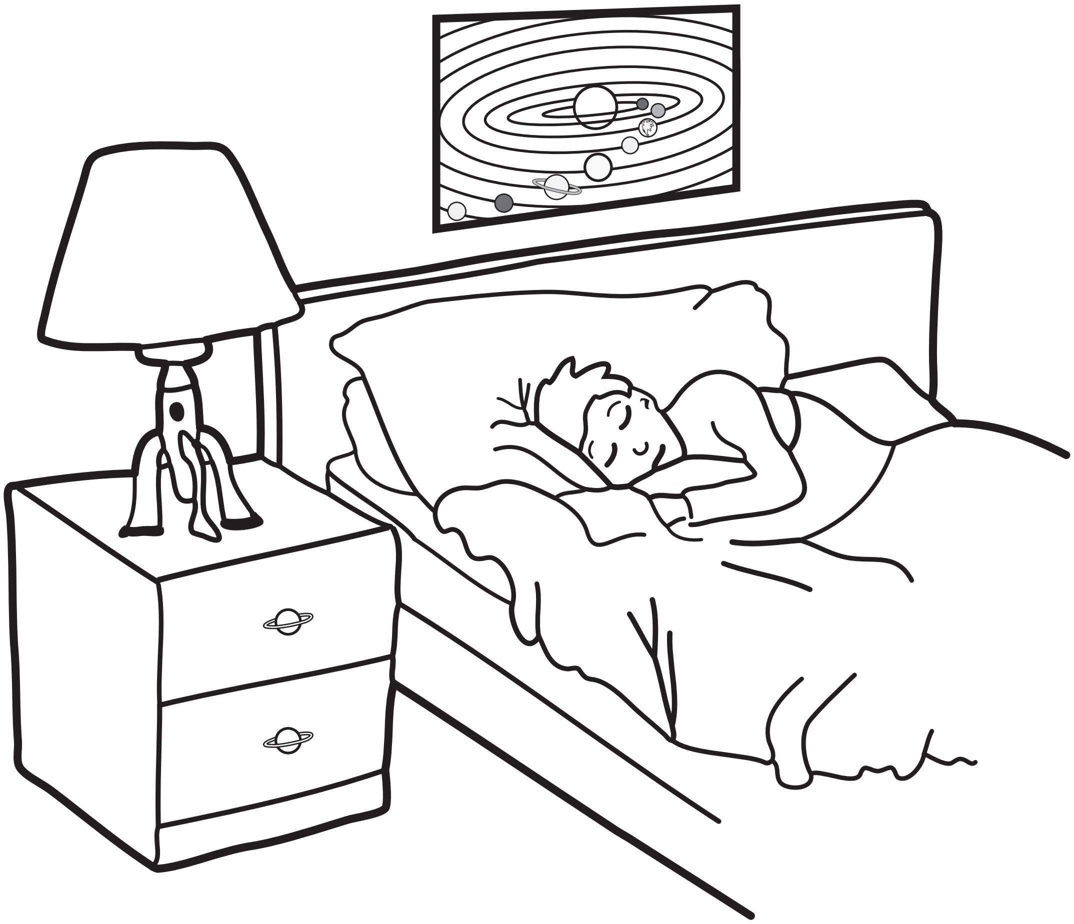
Name two things about dialysis that scare you.

____

I was so confused. Both choices used very big words. But the doctor told me and mom and dad about them.

HD used a big giant machine to clean my blood. I would come to the hospital a few times a week and watch TV or movies or play video games while the machine cleaned my blood.

PD would use my tummy to clean my blood. I would be able to do this at home while I slept each night.



Launch Pad Activity:

Name a fun thing that you can do while on dialysis.

____

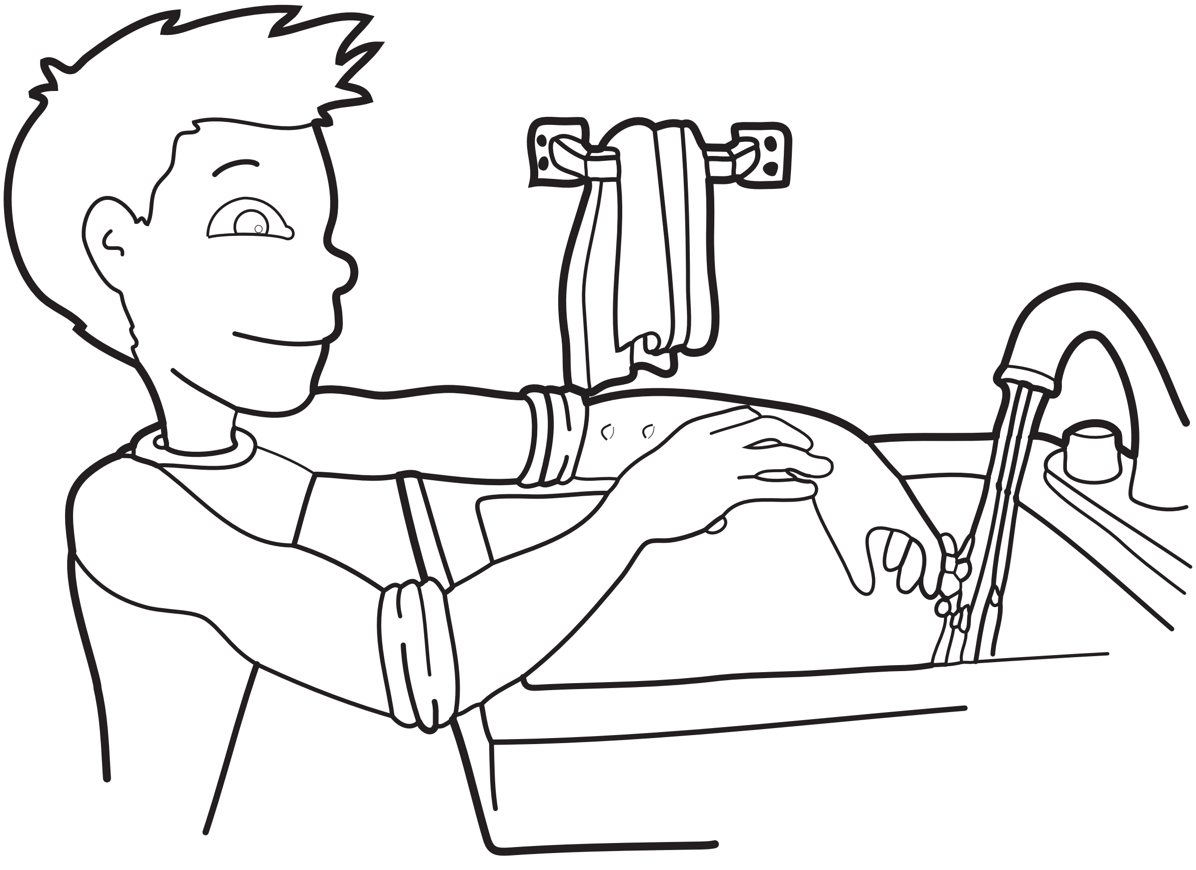
But how would the doctors get to my blood inside my body?

The doctor told me that they create an "access" to my blood. There are three types of accesses. One is a fistula (say: fist-oo-la). A fistula is your own artery and vein tied together.

The second type is a graft. A graft is man made and connects an artery and a vein together.

The third type, called a catheter, is a plastic tube that would be put in my chest.

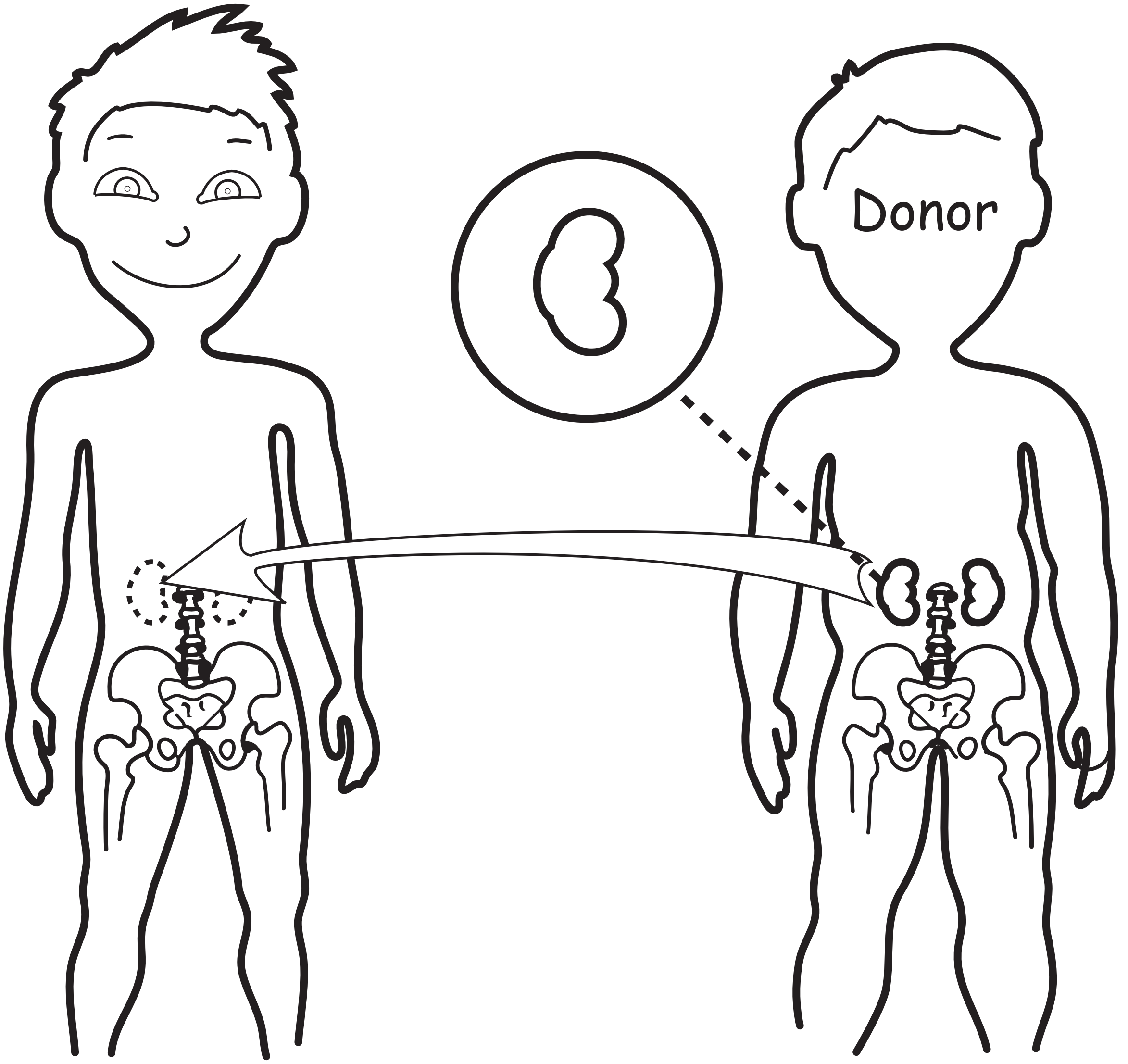
Either way I have to make sure I keep my access clean and dry. I also have to make sure that the area of my access does not get hit.



Launch Pad Activity:

What would you put in a dialysis center that would make it more fun? ______________________________

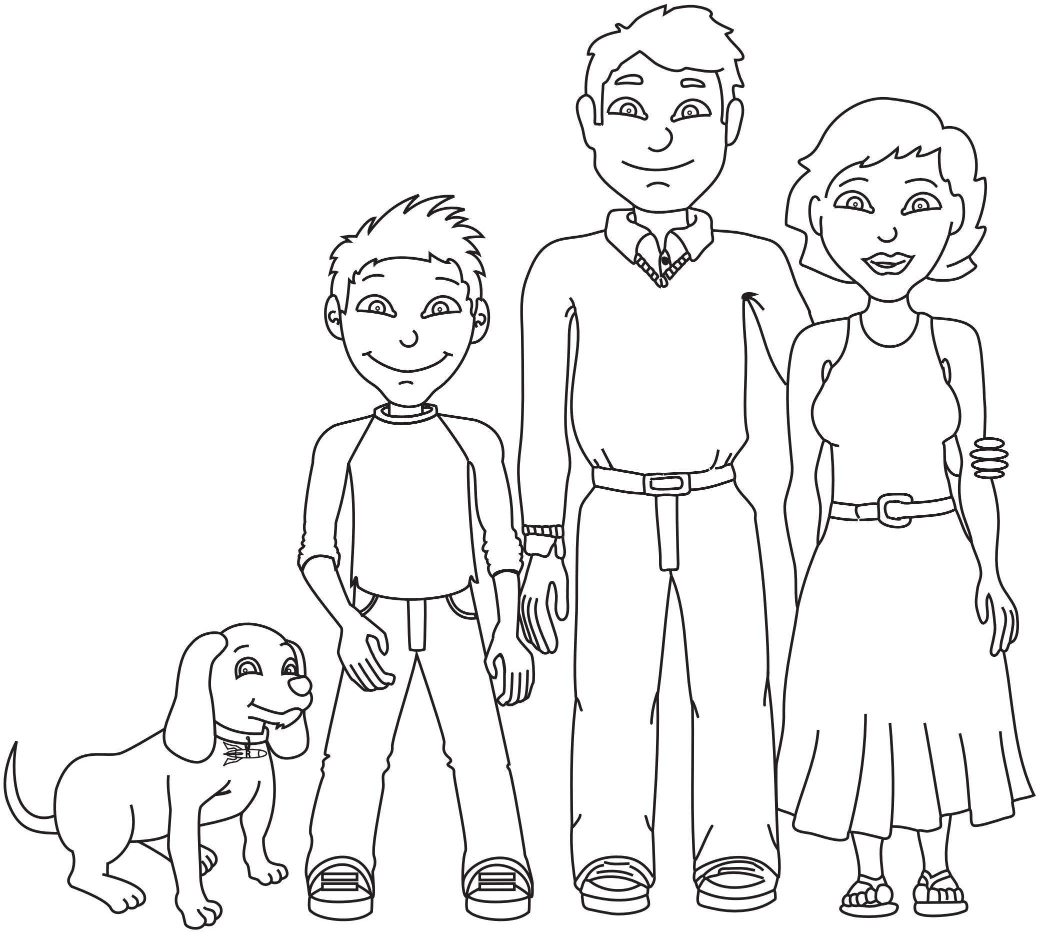
The doctor said that there is one more way to make me feel better, get a kidney transplant (say: trans-plant). I would get a brand new kidney but I would have to wait until the doctors could find one that my body would like. If I got a transplant I might not have to do dialysis any more. I would have to take special pills to keep my new kidney.



Launch Pad Activity:

Name something that would be different if you got a kidney transplant. ____________________

Mom, dad and I went home to think about what we should do to make me feel better. We were all scared but we knew that the doctor would help me get better.



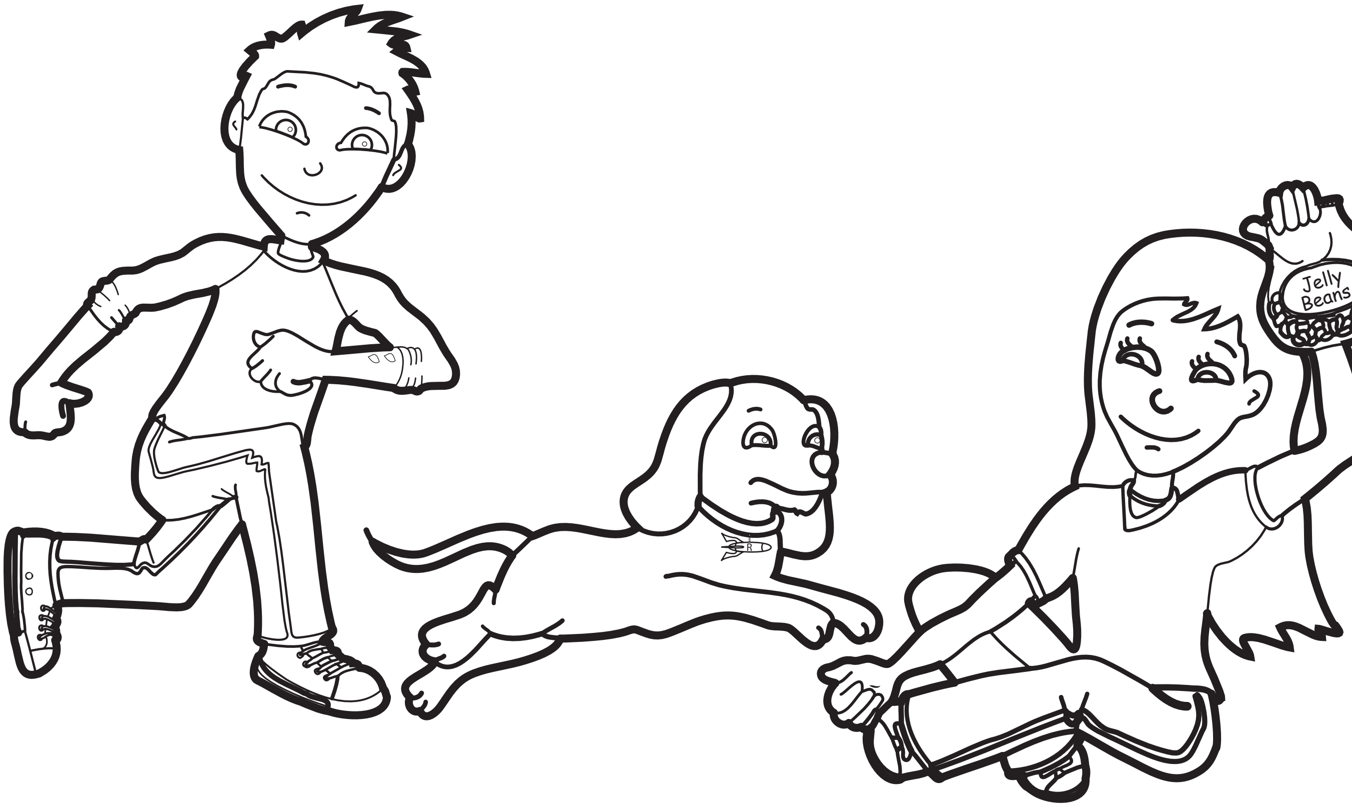
We knew we would have to be careful with what I ate or drank. I would have to ask my doctor before I played baseball again.

I can't wait to get back to school and teach my friends what I learned about kidneys.

Launch Pad Activity:

Tell your mom, dad, friends, nurse, or doctor what you thought the first time you saw a dialysis machine.

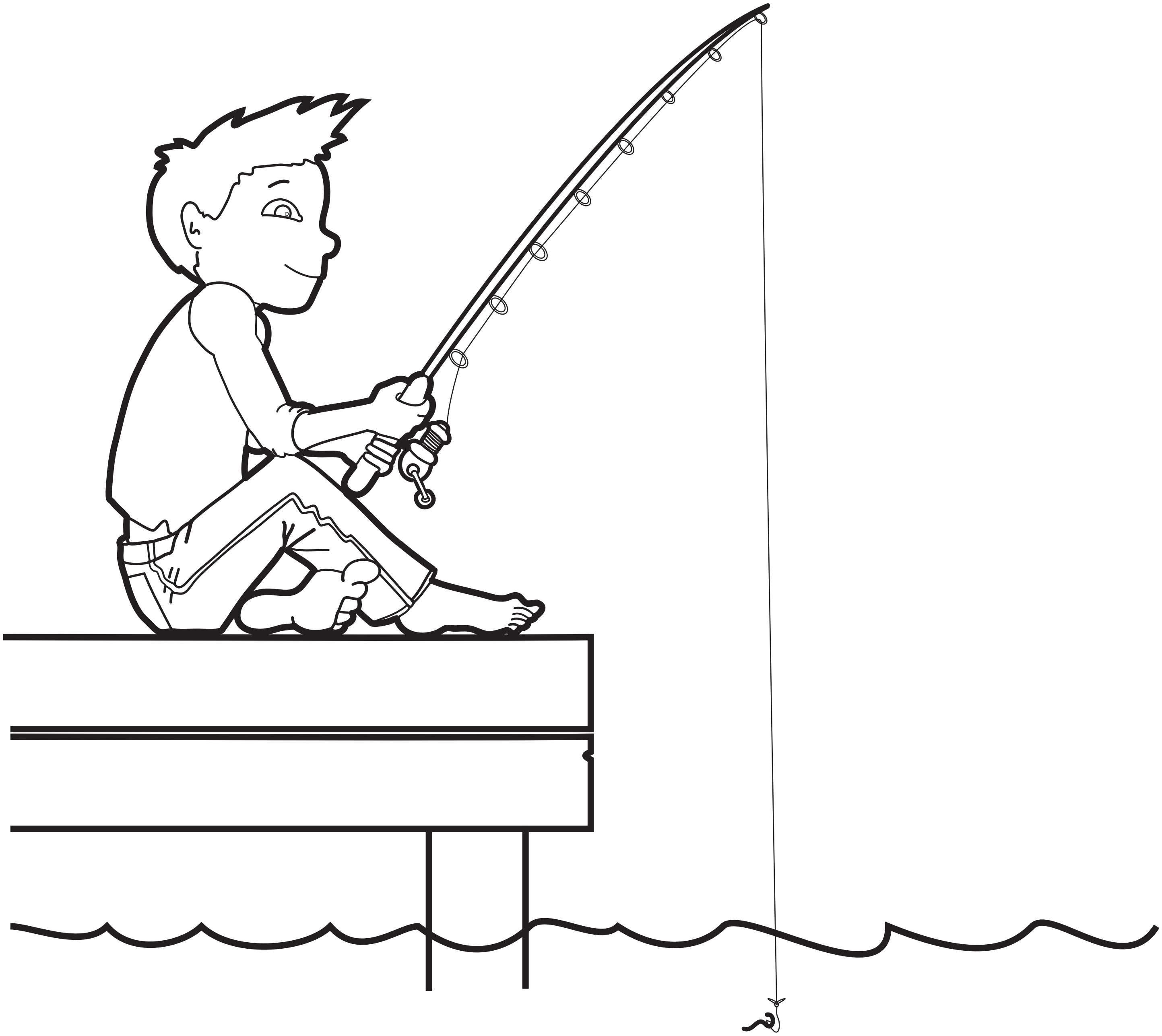
Once I started dialysis I started to feel a lot better. I went back to school and began playing with my friends. I still eat jelly beans and marshmallows but only when my mom lets me. I also run around with Rocket but I have to be careful not to fall down too hard.



Launch Pad Activity:

After finishing your dialysis, tell how you feel.

Being sick was very scary but I am glad that I went to the doctor because now I feel much better.



Launch Pad Activity:

Make a sound that a dialysis machine would make.

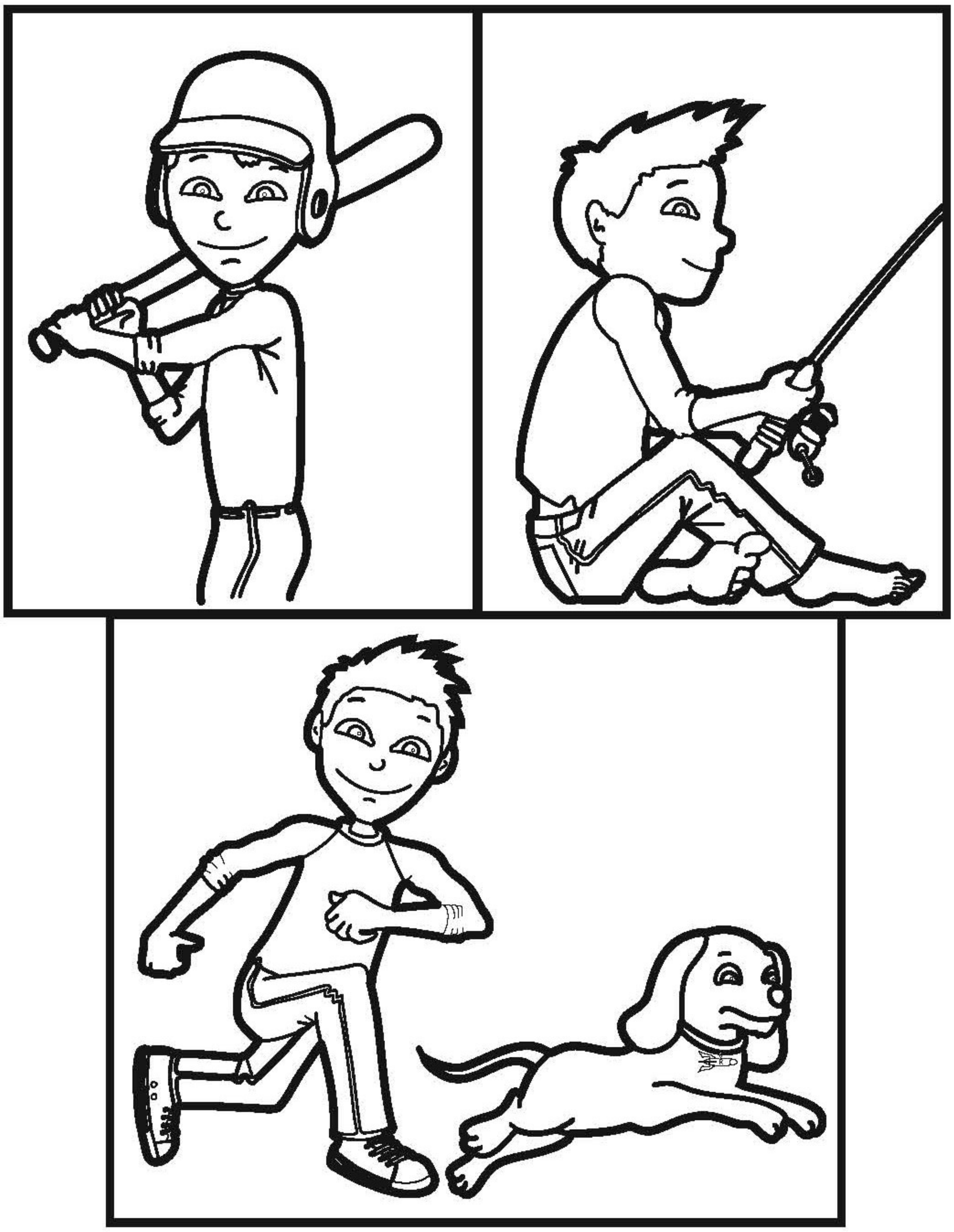
Notes

Mis Riñones y Yo

LIBRO PARA COLOREAR CON ACTIVIDADES

End Stage Renal Disease
Network of Texas

Hola. Mi nombre es Jack. Tengo 5 años.



Me gusta jugar béisbol,
pescar y jugar afuera con mis amigos.

Actividad de la plataforma de lanzamiento:
Si fueras un doctor, ¿Qué tipo de doctor serías?

____

Lo que más me gusta hacer después de la escuela es jugar con mi perro Rocket. Él es muy rápido y corremos alrededor de mi patio trasero. Pero la semana pasada no pude jugar con Rocket. Me sentía cansado y nada más quería acostarme. Mi estómago se sentía mal y no quería comer mi comida favorita- malvaviscos y jelly beans.

Me sentía tan mal que no pude ir a la escuela y no fui a la práctica de béisbol. Mi mamá decidió llevarme al doctor.

Actividad de la plataforma de lanzamiento:
Nombra a un doctor o a una enfermera y dí lo que te gusta sobre ellos.

Cuando fui al doctor, el doctor me revisó mis oídos, mi nariz y mi garganta. El doctor hizo muchas preguntas a mi mamá, a mi papá y a mí sobre como me sentía. La enfermera sacó un poquito de sangre de mi brazo. Estaba asustado pero fui valiente.

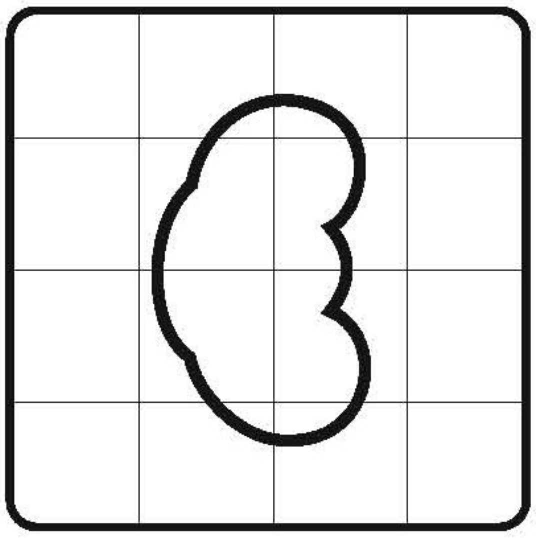
Actividad de la plataforma de lanzamiento:
Nombra a alguien que te ayuda a ser valiente.

____

Mi mamá, mi papá y yo esperamos una hora por los resultados de las pruebas.

El doctor regresó y dijo que la razón por la cual me sentía mal era porque mis riñones no estaban funcionando bien.

Yo nunca había oído hablar de los riñones antes. ¿Tú sabes que son los riñones?

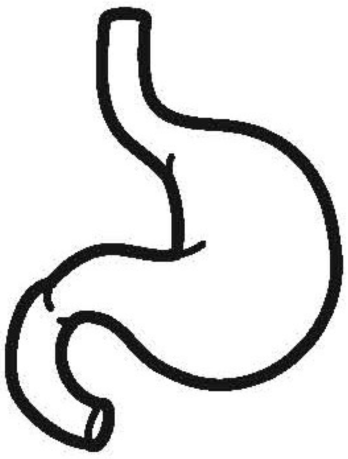


Dibuja el RIÑON en la cuadrícula grande

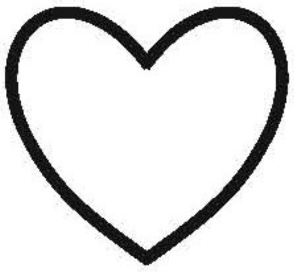
Actividad de la plataforma de lanzamiento:
Nombra algunas actividades divertidas que puedes hacer mientras esperas a ver al doctor.

Los riñones son parte de tu cuerpo como tu corazón y tu estómago. Cuando corres, sabes que tu corazón esta trabajando porque escuchas un **BOOM, BOOM, BOOM**. Cuando tienes hambre tu estómago hace un sonido de **GROWL**. Todo este tiempo tus riñones también han estado funcionado...pero silenciosamente.

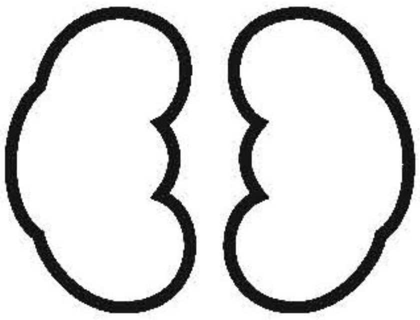
Une con una línea la parte del cuerpo con el sonido que le corresponde.



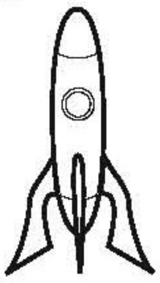
¡Shh! Está trabajando silenciosamente.



¡GROWWWL!



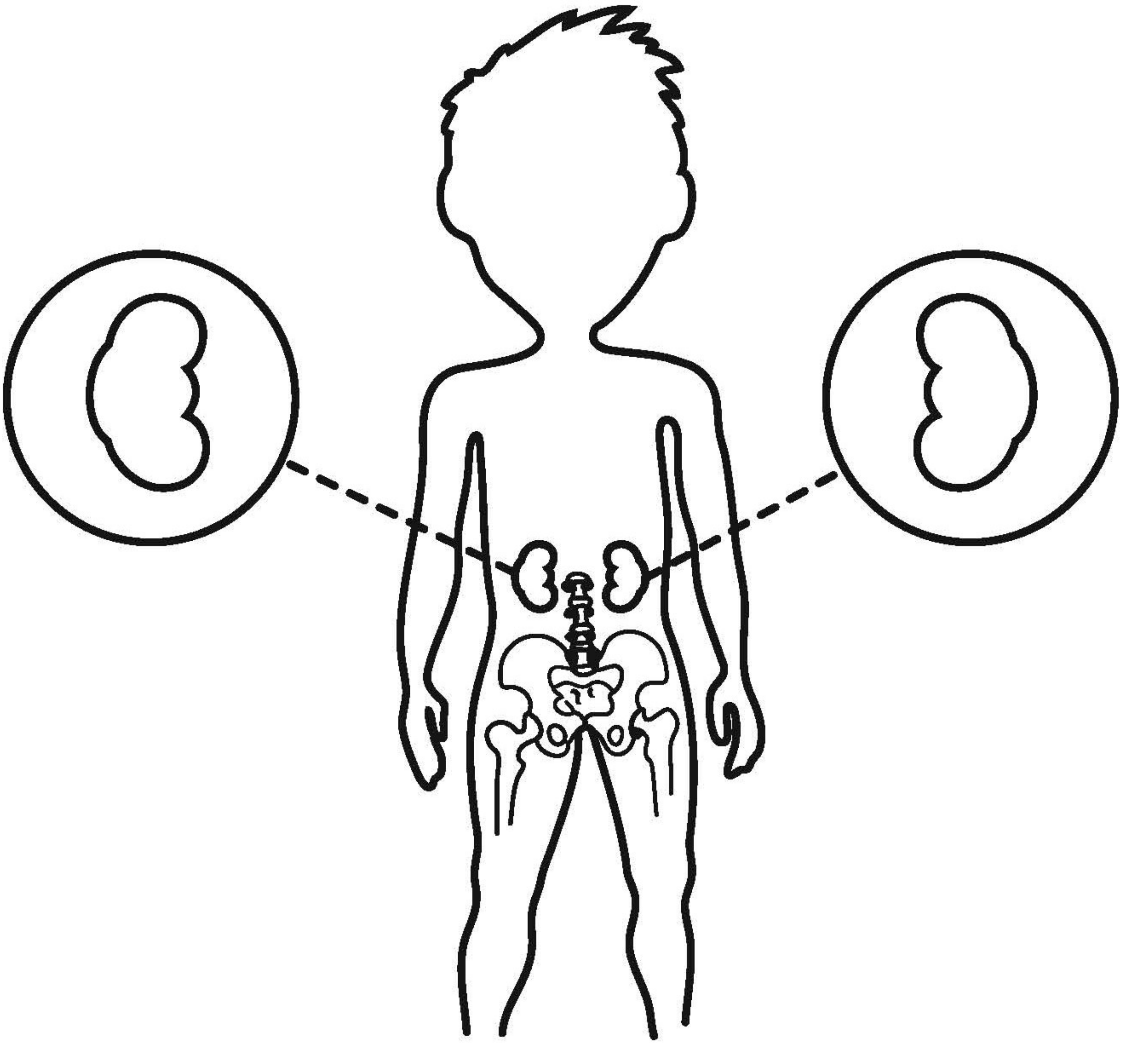
¡BOOM! ¡BOOM!



Actividad de la plataforma de lanzamiento:
¿Qué es algo gracioso que ha pasado en la oficina

Todos los papás, mamás, niñas y niños tienen dos riñones y los necesitan para poder vivir. Tus riñones están debajo de tus costillas, a cada lado de la columna vertebral. Tus riñones tienen forma de frijol y son del tamaño de un puño.

¿Puedes poner tu mano en forma de puño? ¡Así de grandes son tus riñones!



Actividad de la plataforma de lanzamiento:
¿Qué cosas cambiarías en la oficina del doctor para

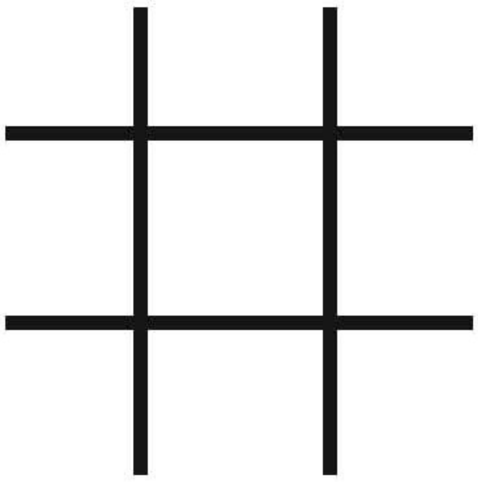
¿Qué hacen tus riñones?

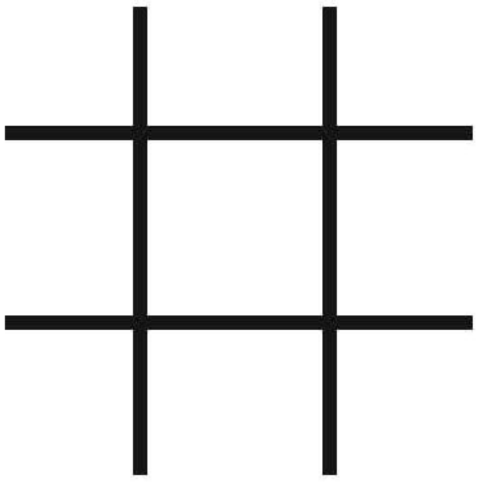
Tus riñones son como unas lavadoras muy grandes. Los riñones limpian tu sangre y te hacen ir al baño. Tus riñones quitan todas las cosas malas de tu sangre. Tus riñones son como el señor que limpia la basura. Le ayudan a tus huesos a que crezcan y combaten los resfriados.

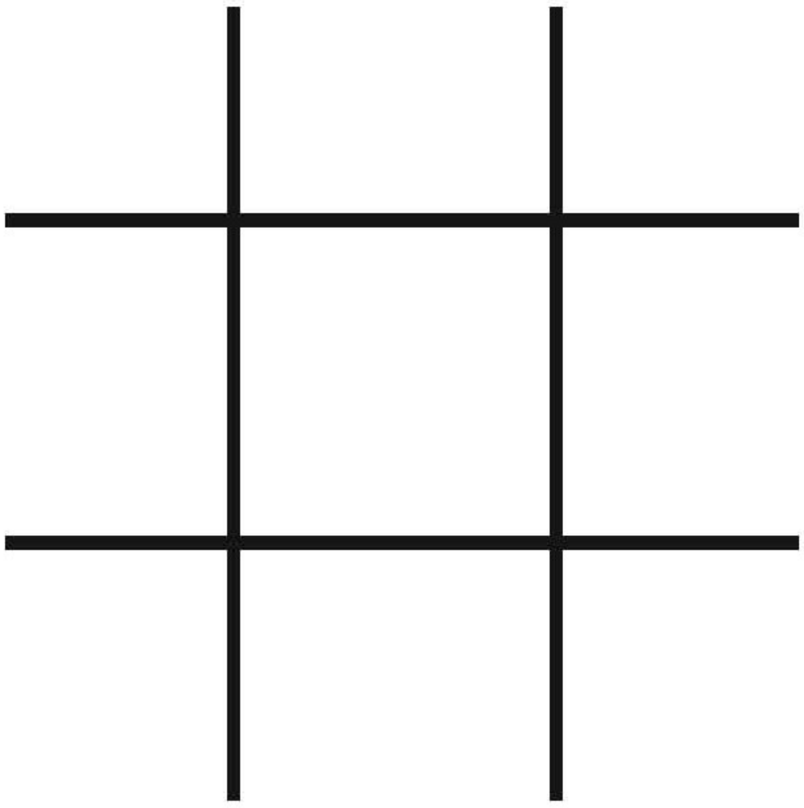
Actividad de la plataforma de lanzamiento:
Si tienes que dar un reporte en la escuela sobre una enfermedad de los riñones o si les platicas a tus amigos sobre una enfermedad de los riñones, ¿Qué les dirías?

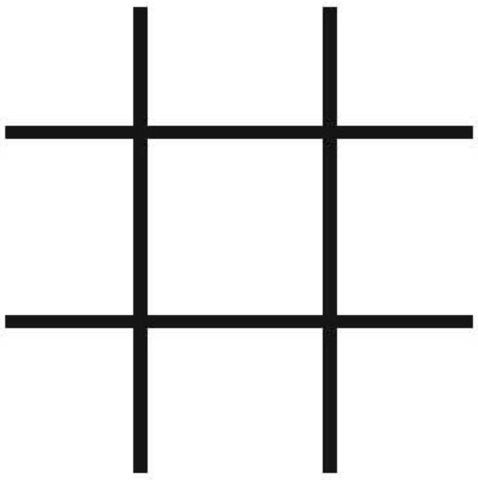
Diviértete con tus amigos jugando 3 en raya.

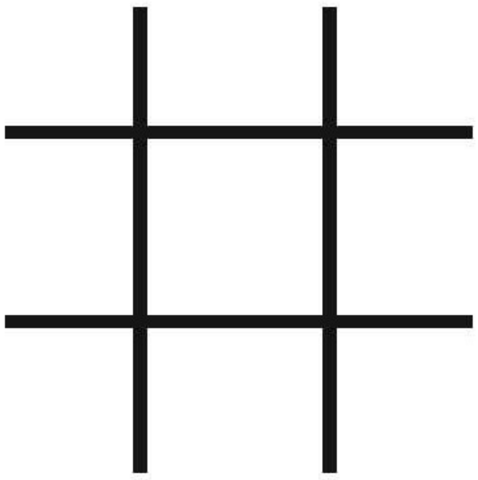
Dibuja riñones  En vez de “O”

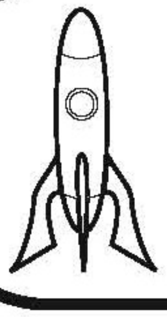








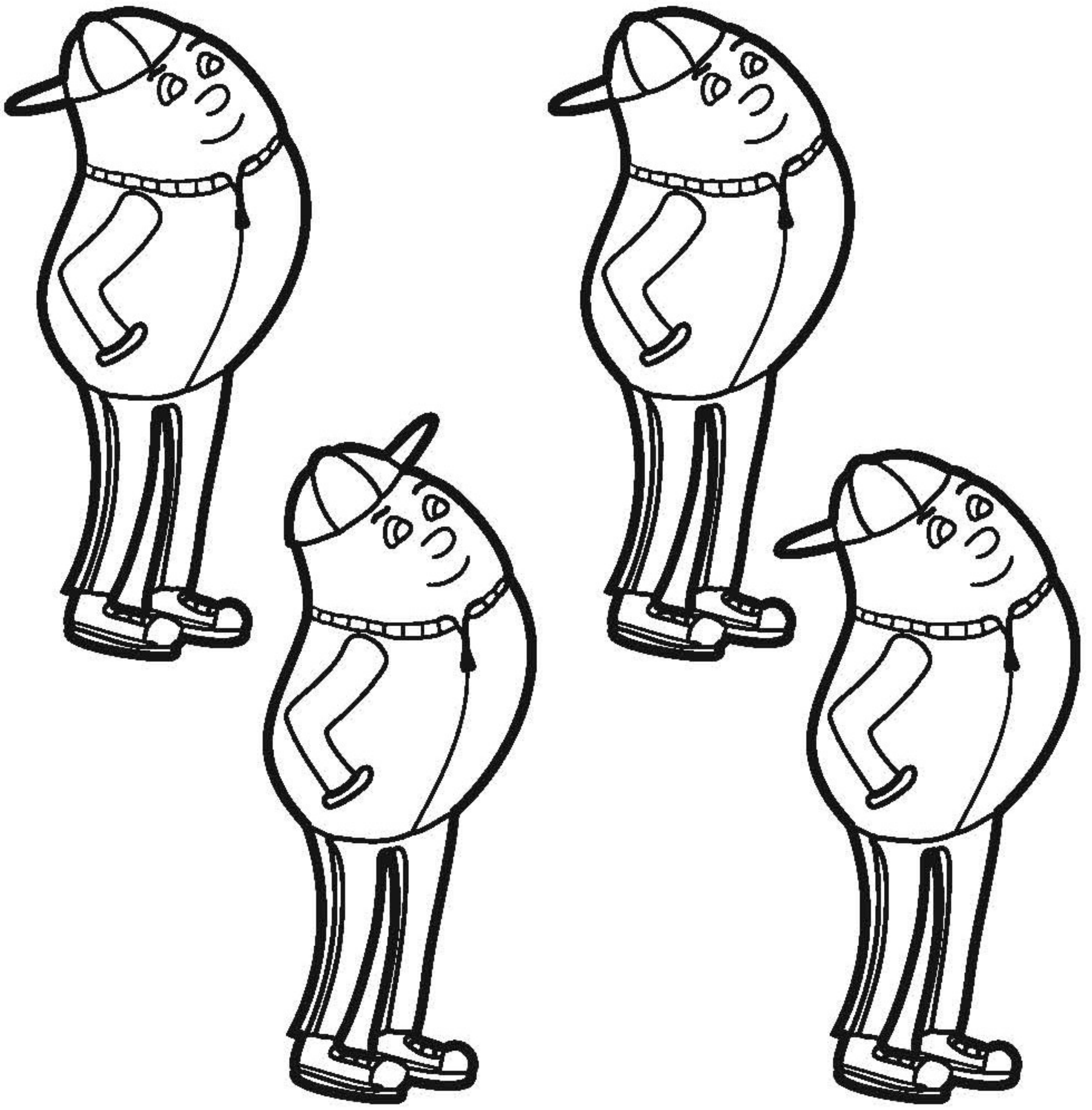




Actividad de la plataforma de lanzamiento:
Nombra una cosa que el doctor o la enfermera han hecho para que te sientas mejor.

Cuando el doctor me dijo que mis riñones no estaban funcionando me dió mucho miedo. No estaba seguro si iba a poder seguir comiendo jelly beans o malvaviscos. Si mis riñones no funcionan, ¿puedo seguir jugando béisbol o con Rocket?

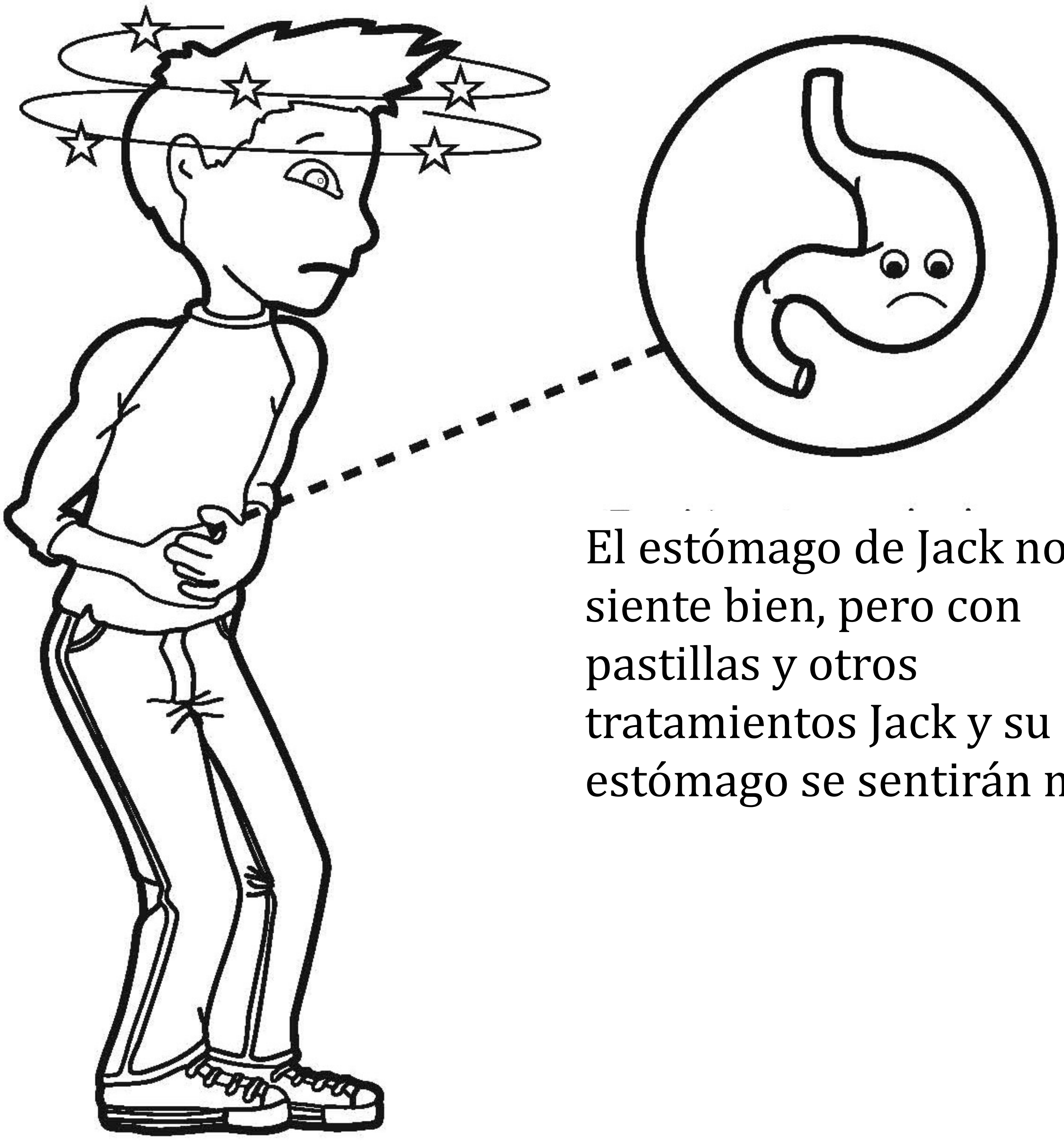
Le pregunté a mi doctor: "¿Qué me va a pasar si mis riñones no funcionan?



Circula el riñón que es diferente.

Actividad de la plataforma de lanzamiento: Nombra un alimento que el doctor dijo que no puedes comer y por qué.

Cuando tus riñones dejan de funcionar te sientes enfermo, igual que yo. También te sientes cansado y no quieres comer. Puede que te duela tu estómago y que te sientas mareado. Yo no quería correr con mi perro o jugar béisbol. El doctor dijo que iba a tener que tomar pastillas y hacer otras cosas para sentirme mejor.

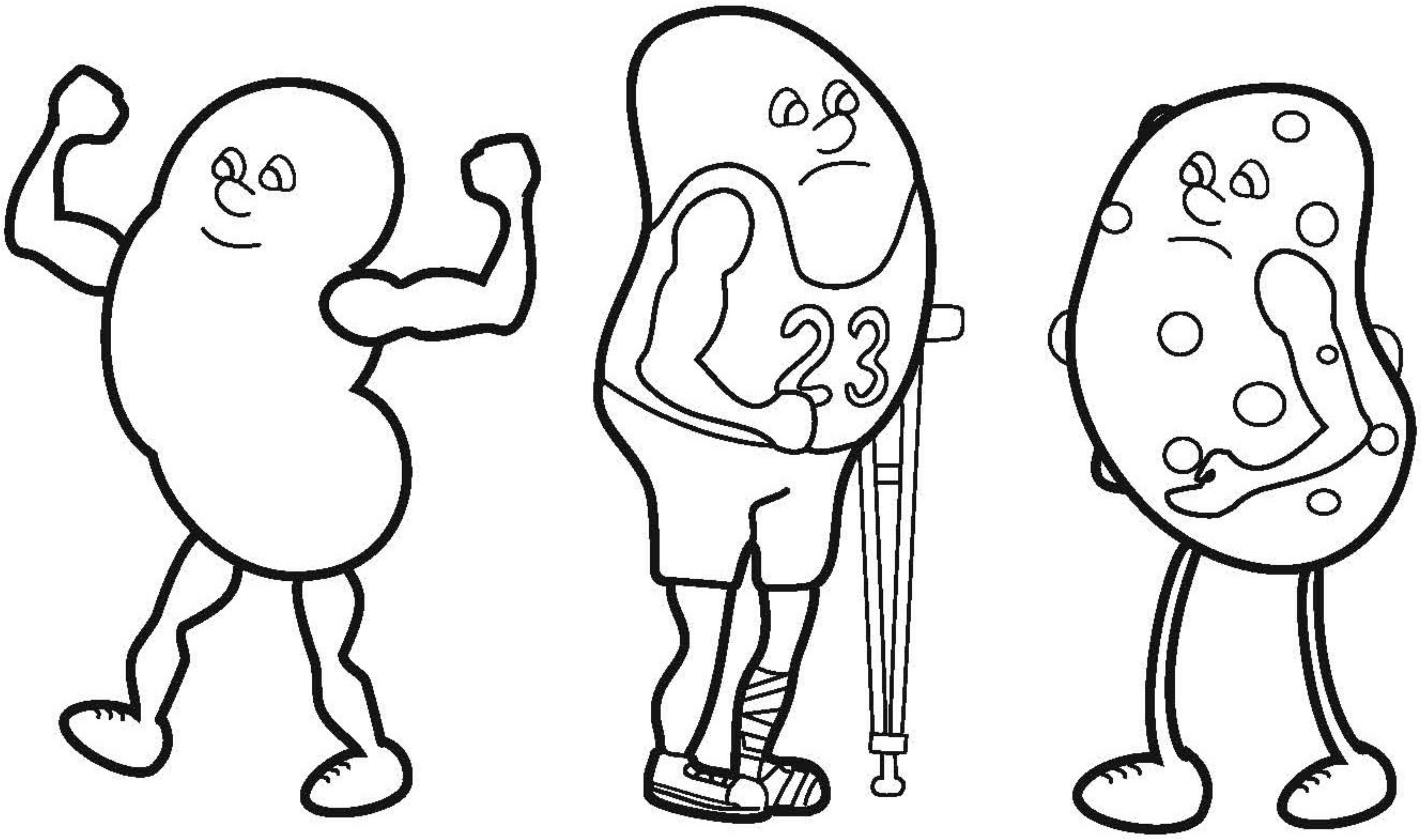


El estómago de Jack no se siente bien, pero con pastillas y otros tratamientos Jack y su estómago se sentirán mejor.

Actividad de la plataforma de lanzamiento:
¿Qué broma te gustaría hacerle a un doctor o a una enfermera?

Después le pregunté a mi doctor: “¿Por qué mis riñones dejaron de funcionar? ¿Qué hice para que mis riñones dejaran de funcionar?”

El doctor dijo que hay muchos adultos y niños cuyos riñones dejan de funcionar. Algunos nacen con problemas en sus riñones. Otros riñones dejan de funcionar lentamente, durante un largo tiempo. Otros riñones dejan de funcionar porque se lastiman o se enferman.



Actividad de la plataforma de lanzamiento:
Nombra a todas las personas en tu equipo de atención médica (de los riñones). No se te olvide que tú también eres parte del equipo.

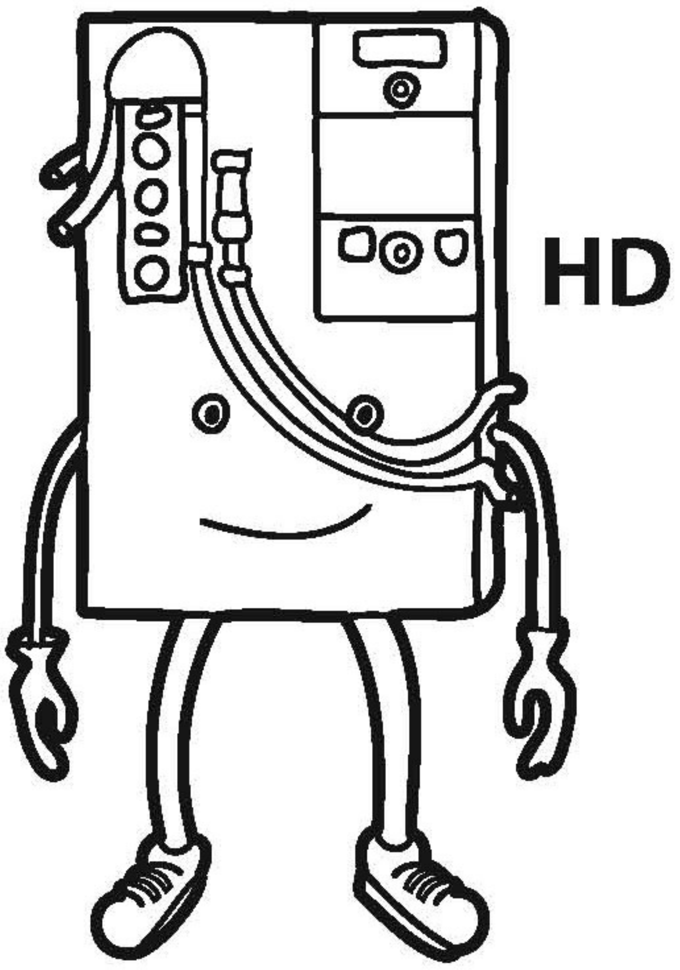
Mis papás también tenían preguntas.

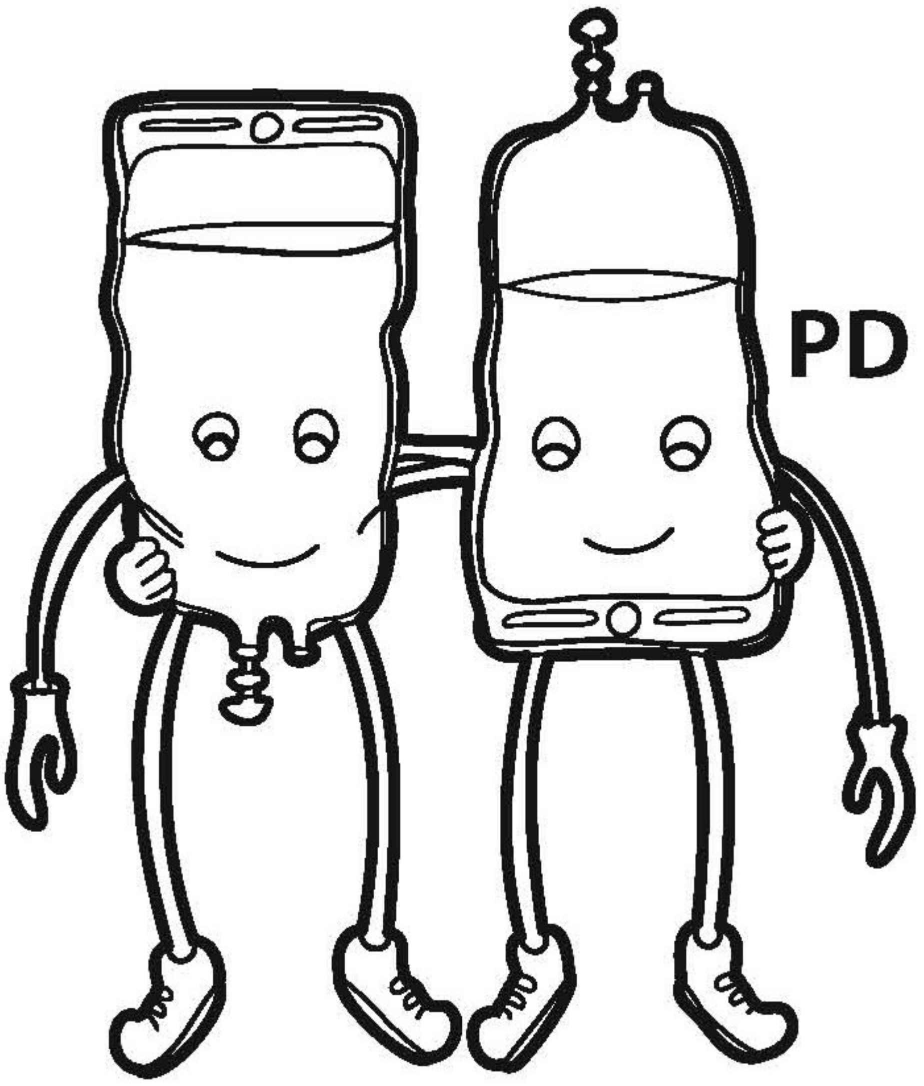
Ellos querían saber cómo el doctor iba a arreglar mis riñones y hacerme sentir mejor.

El doctor dijo que habían algunas formas de hacerme sentir mejor.

Tenía que empezar con la diálisis. La diálisis es una manera en la cual tu sangre se limpia.

Hay dos tipos de diálisis: la hemodiálisis o la diálisis peritoneal. Les llaman HD y PD, para abreviar.



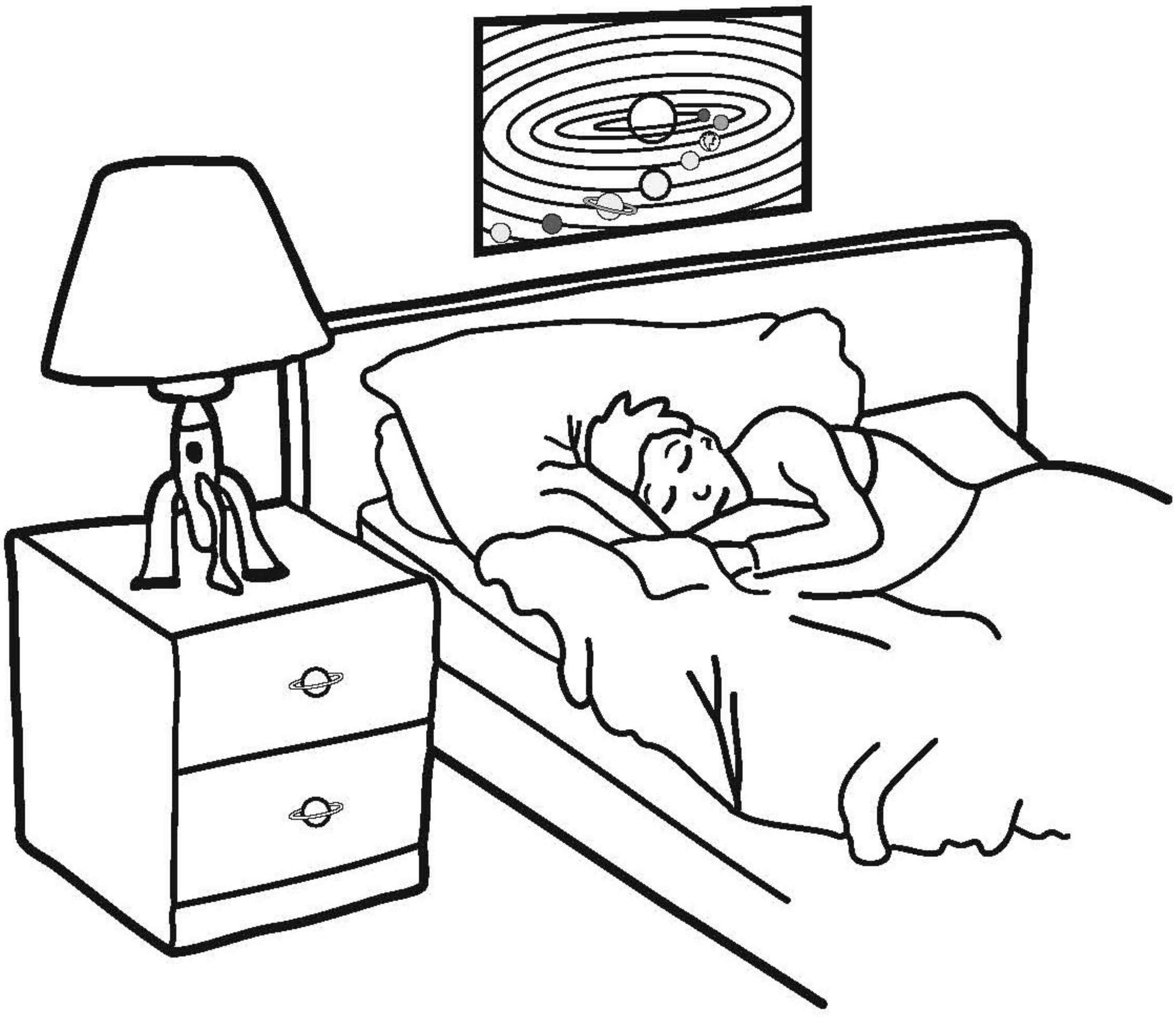


Actividad de la plataforma de lanzamiento:
Nombra dos cosas de la diálisis que te dan miedo.
____

Estaba muy confundido. Las dos opciones usan palabras muy complicadas. Pero el doctor nos dijo a mi mamá, mi papá y a mí sobre las opciones.

HD usa una máquina gigante para limpiar mi sangre. Yo tendría que ir varias veces en la semana al hospital y ver películas o jugar un videojuego mientras la máquina limpia mi sangre.

PD usa mi estómago para limpiar mi sangre. Yo podría hacer eso mientras duermo en mi casa todas las noches.



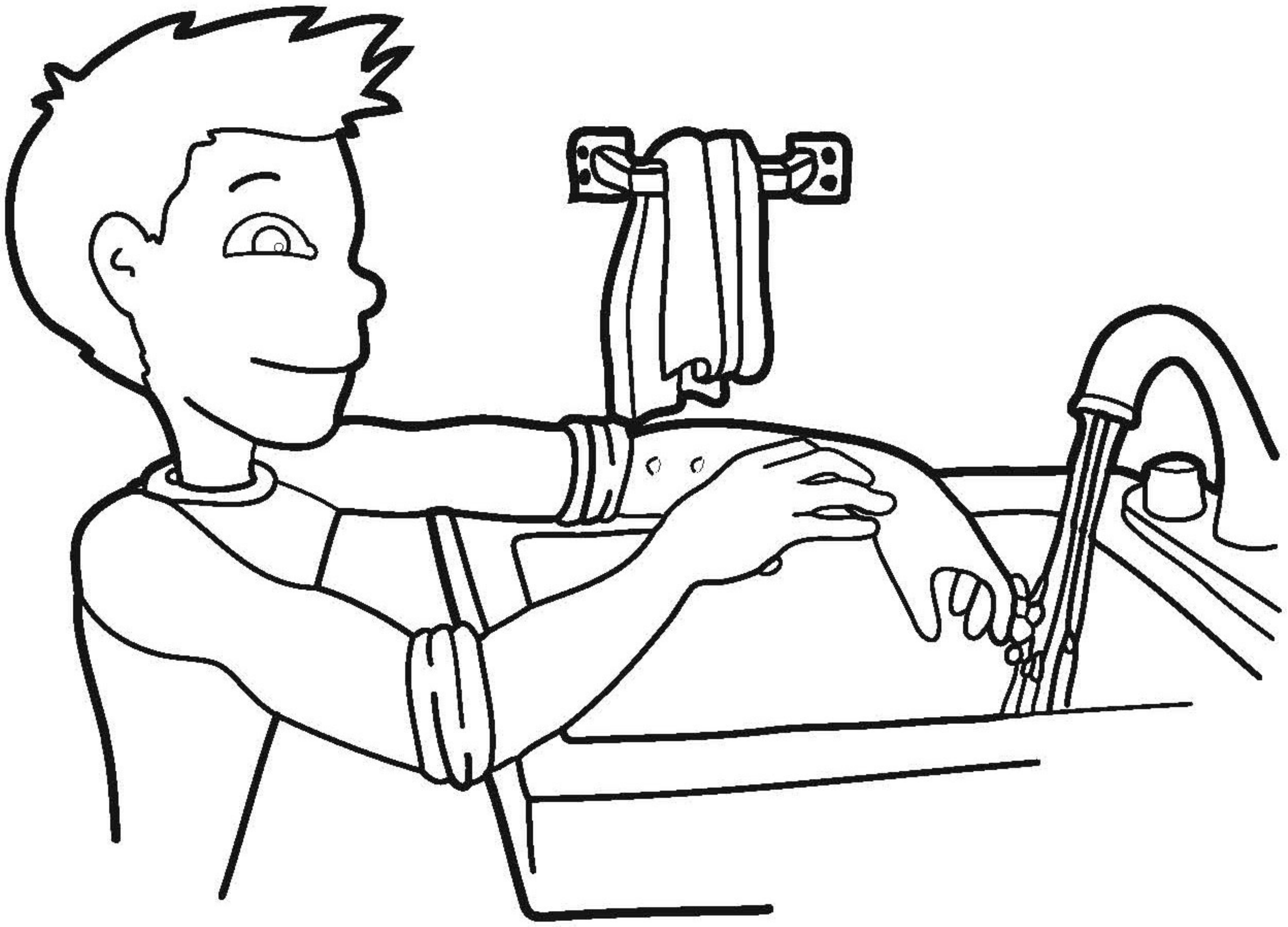
Actividad de la plataforma de lanzamiento:
Nombra algo divertido que puedes hacer durante la diálisis.

Pero, ¿Cómo podría mi doctor tratar mi sangre si está dentro de mi cuerpo?

El doctor me dijo que pueden crear un “acceso" a mi sangre. Existen tres tipos de acceso. Una es la fístula. La fístula es cuando tu arteria y vena están unidas.

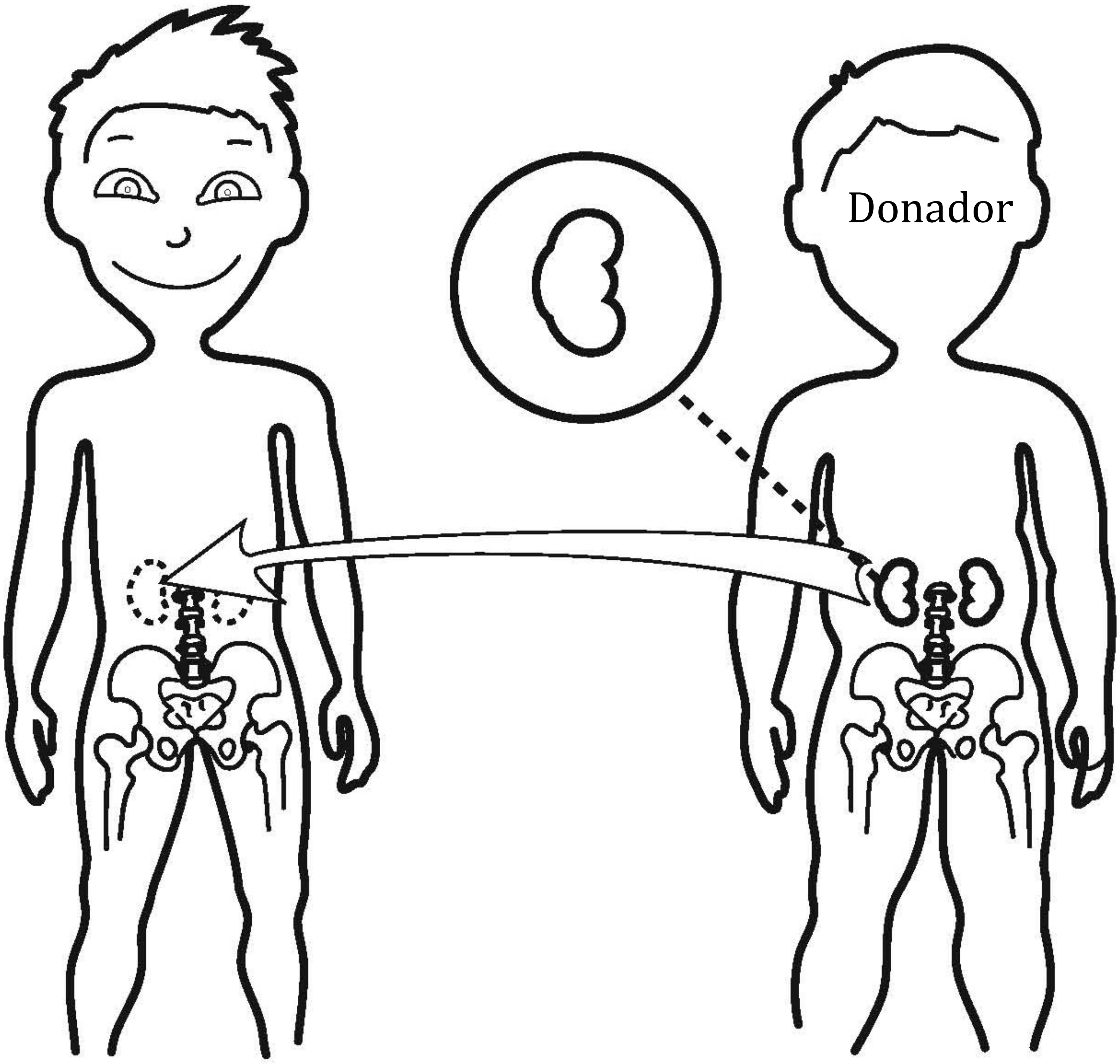
El segundo tipo es un injerto. Un injerto es cuando tu arteria y vena están unidas artificialmente.

El tercer tipo es un catéter que es un tubo de plástico que pondrían en mi pecho.



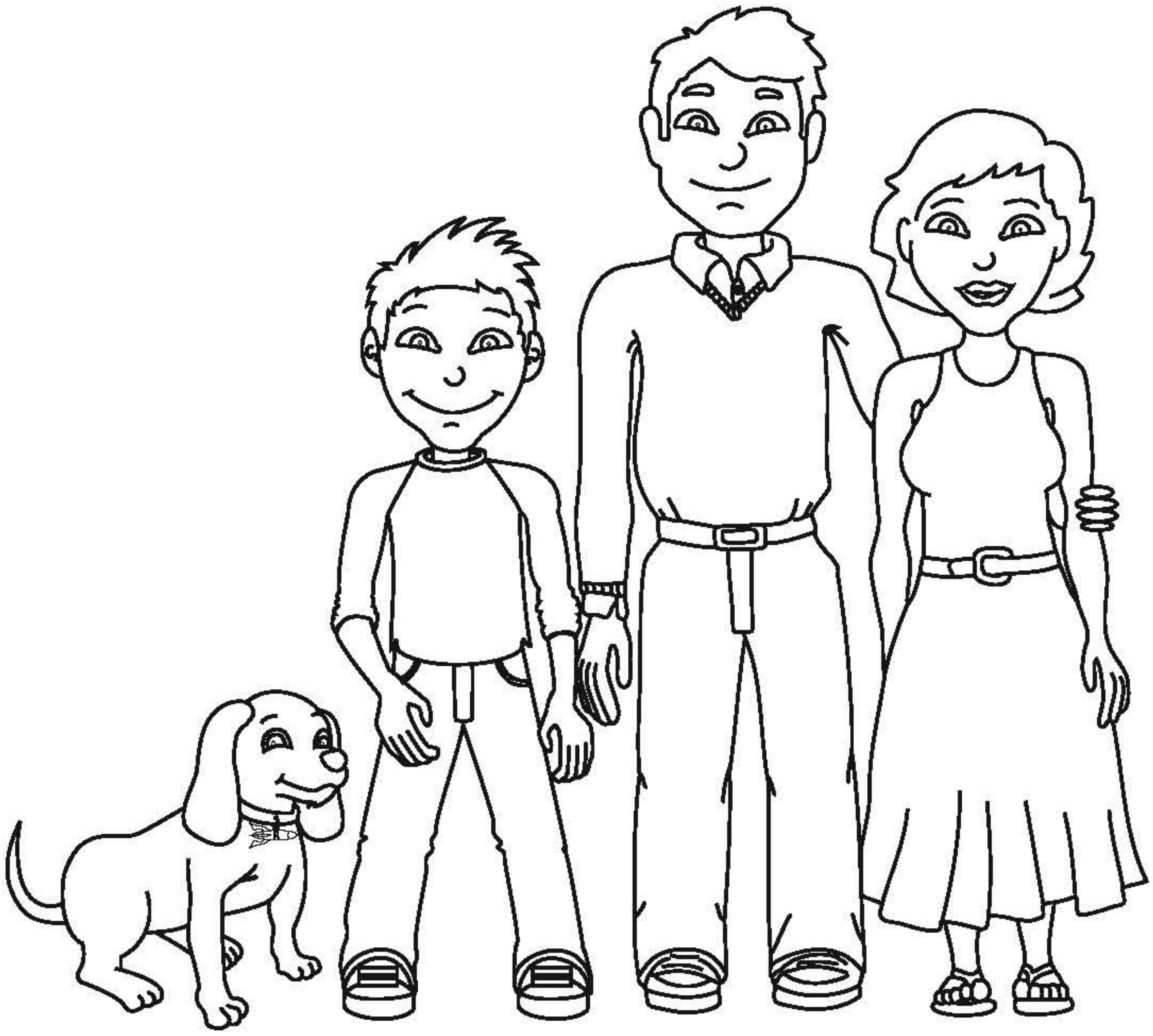
Actividad de la plataforma de lanzamiento:
¿Qué pondrías en un centro de diálisis para hacerlo más divertido?

El doctor dijo que también existe otra manera de hacerme sentir mejor, con un trasplante de riñón. Podría tener un riñón nuevo, pero tendría que esperar hasta que los doctores encuentren un riñón que le guste a mi cuerpo. Si tengo un trasplante no tendría que hacer la diálisis. Pero tendría que tomar pastillas especiales para mantener mi riñón nuevo.



Actividad de la plataforma de lanzamiento: Nombra algo que sería diferente si tienes un trasplante de riñón.

Mi mamá, mi papá y yo nos fuimos a casa para pensar en qué era lo mejor para mí. Teníamos miedo pero sabíamos que el doctor me ayudaría a sentirme mejor.

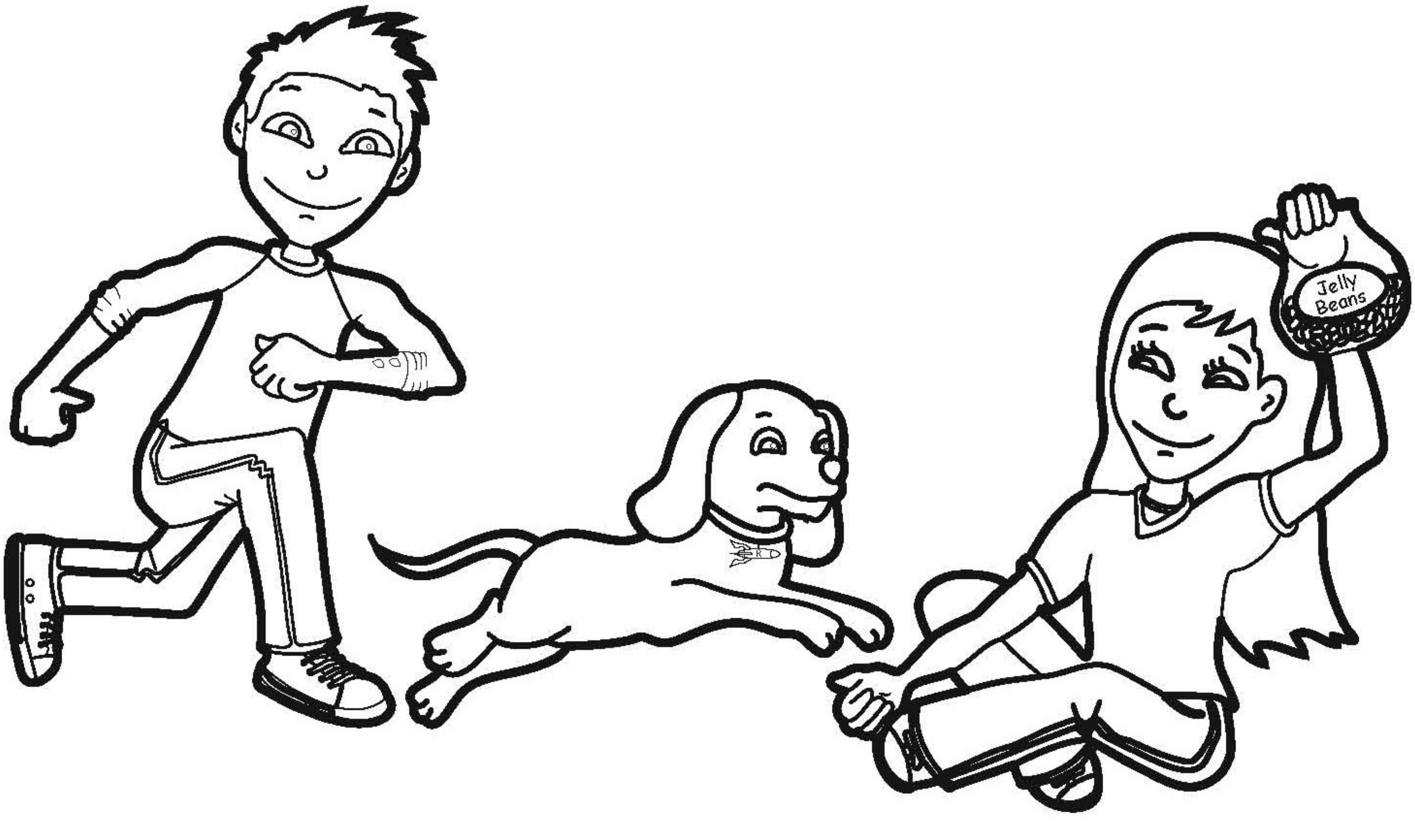


Sabíamos que tendríamos que tener cuidado con lo que comería o bebería. Tendría que preguntarle al doctor antes de poder jugar béisbol otra vez.

Ya quiero regresar a la escuela para enseñarle a mi s amigos lo que aprendí sobre los riñones.

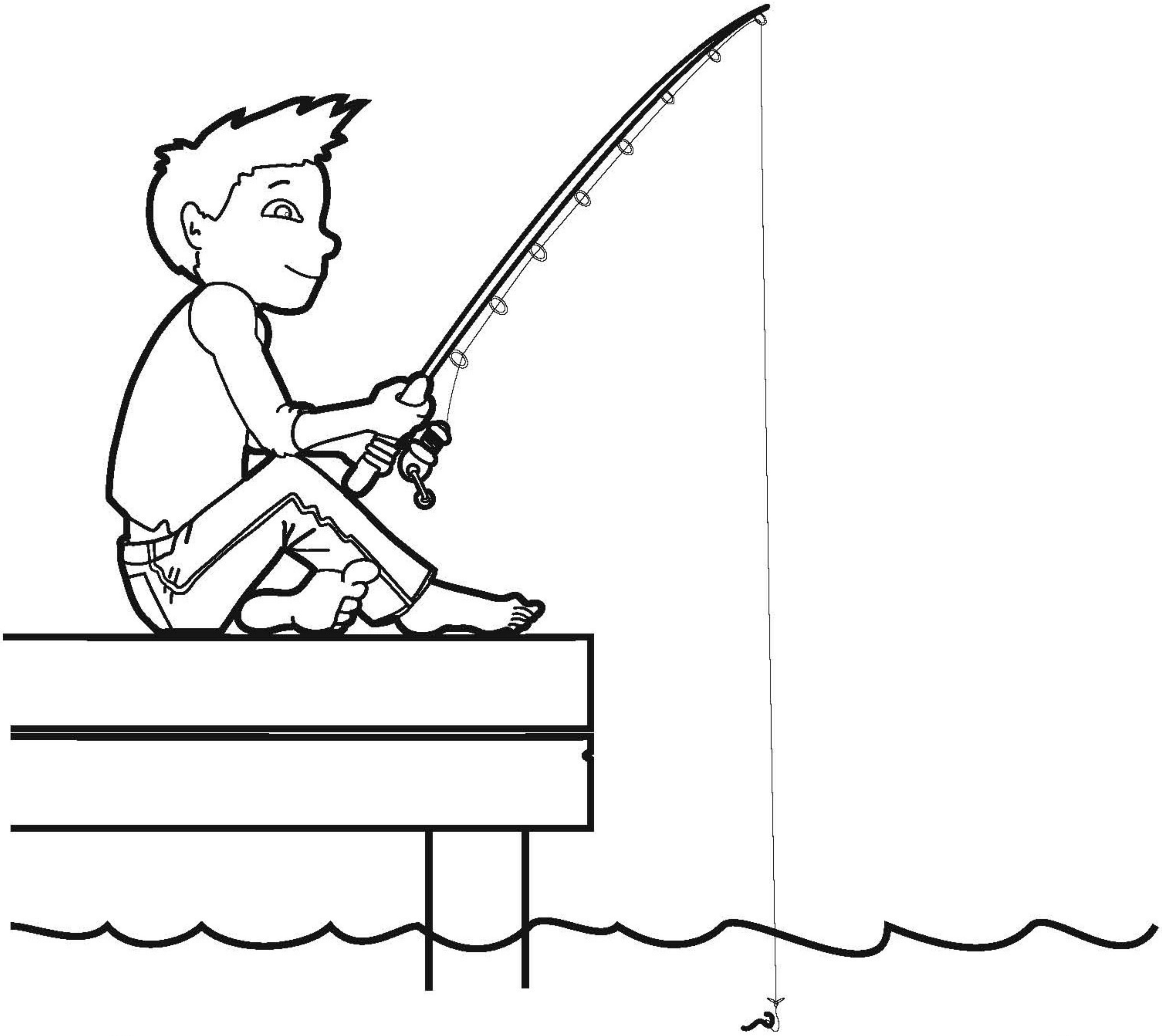
Actividad de la plataforma de lanzamiento:
Dile a tu mamá, papá, amigos, enfermera o doctor qué fue lo que pensaste la primera vez que viste una máquina de diálisis.

Una vez que empecé la diálisis me empecé a sentir mejor. Regresé a la escuela y empecé a jugar con mis amigos. Todavía como jelly beans y malvaviscos pero solo cuando me deja mi mamá. También corro con Rocket, pero tengo que tener cuidado de no caerme muy fuerte.



Actividad de la plataforma de lanzamiento:
Después de tu diálisis, dí como te sientes.

Estar enfermo da mucho miedo pero me alegra que fui al doctor porque ahora me siento mucho mejor.



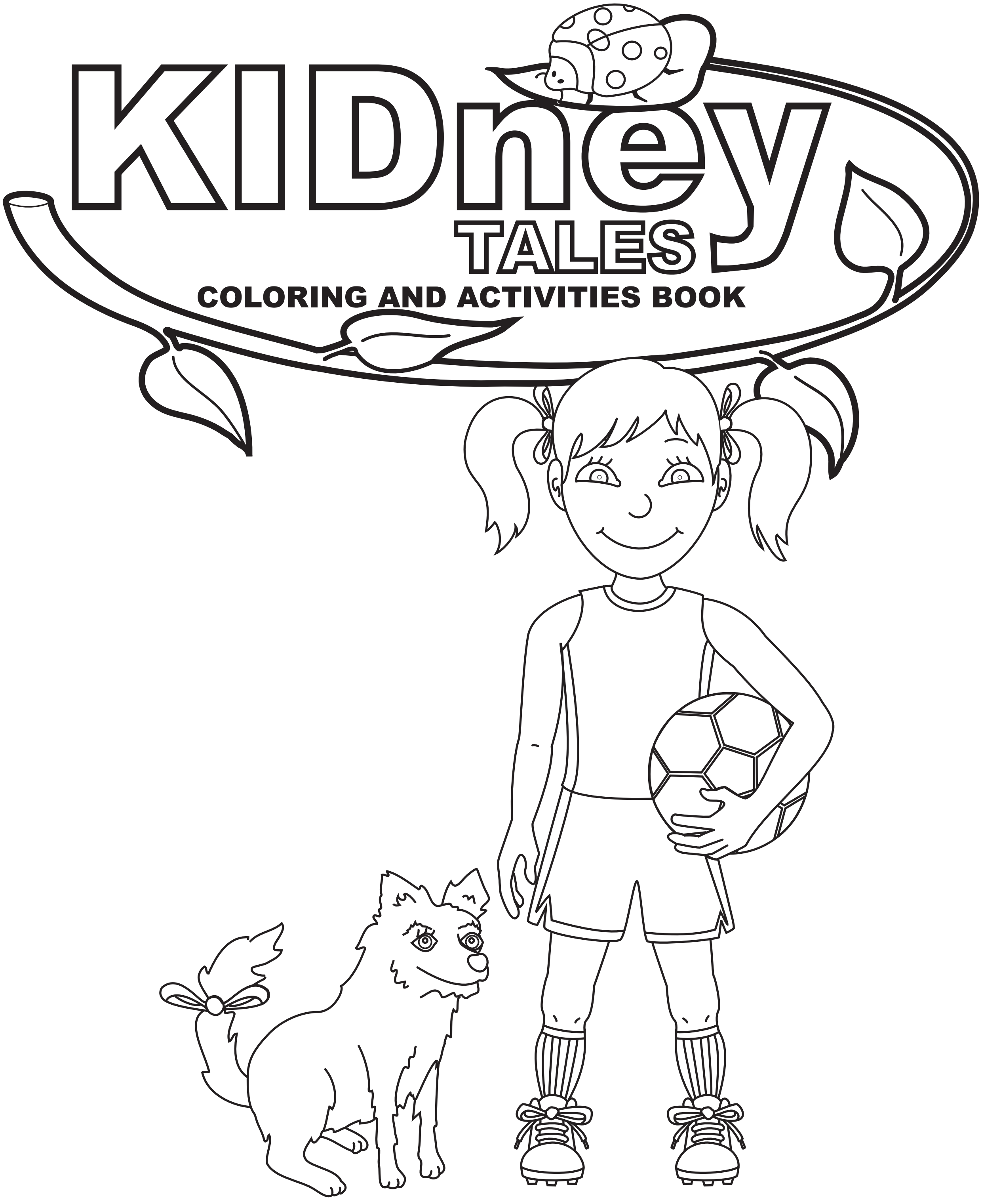
Actividad de la plataforma de lanzamiento:
Haz un sonido que la máquina de diálisis haría.

Notas

Respaldando un Cuidado de Calidad

KIDney TALES

COLORING AND ACTIVITIES BOOK



End Stage Renal Disease
Network of Texas

Hi. My name is Mary. I am 5 years old.

I like to play soccer, search for lady bugs, and play outside with my friends.

Activity Center:

If you were a doctor what kind would you be? ________________________________

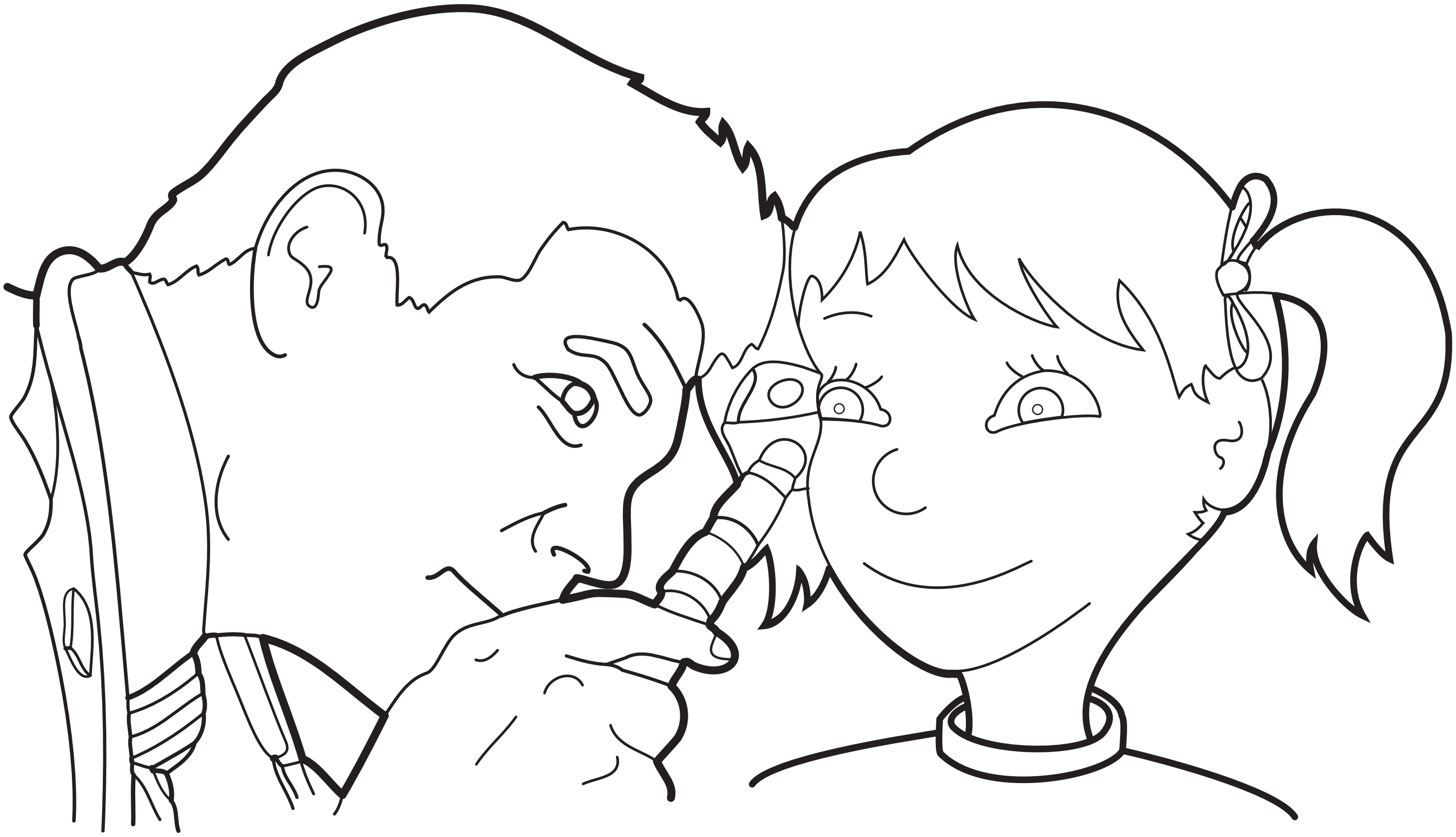
My favorite thing to do after school is play with my dog Lady. She is very fast and we run around my backyard. But last week I did not feel like playing with Lady. I was tired and just wanted to lay down. My tummy was feeling sick and I didn't even want to eat my favorite foods-marshmallows and jelly beans.

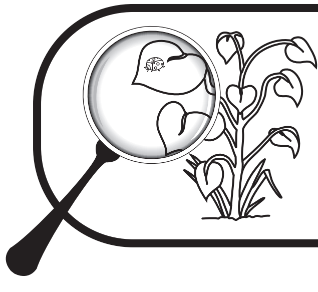
I was feeling so crummy that I had to stay home from school and I even missed soccer practice. My mom decided to take me to the doctor.

Activity Center:

Name a doctor or a nurse and say one thing you like about them. ____________________

When I went to the doctor, the doctor checked my ears, my nose, and my throat. The doctor asked me and my mom and dad lots of questions about how I was feeling. The nurse also took a little bit of blood out of my arm. This was very scary but I was brave.





Activity Center:

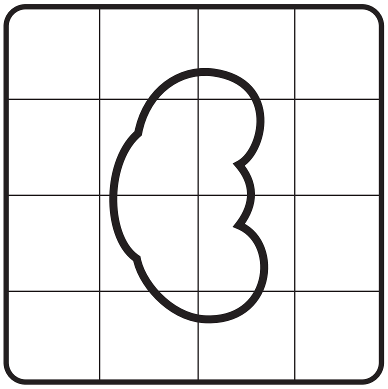
Name someone who helps you to be brave.

____

Mom and dad and I waited a whole hour for the tests to come back.

Then the doctor came back and said the reason I was feeling bad is because my kidneys (kid-nees) were not working right.

I had never heard of kidneys before. Do you know what your kidneys are?



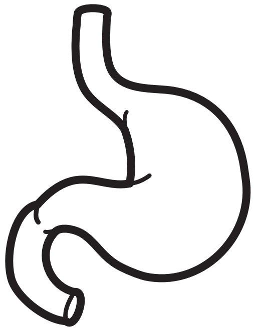
Draw the
KIDNEY
in the large
grid.

Activity Center:

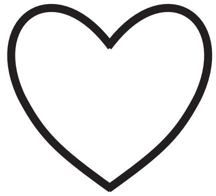
Name some fun things you can do while waiting to see the doctor. ______________________

Kidneys are part of your body just like your heart and your tummy. When you run, you know your heart is working because you hear BOOM, BOOM, BOOM. When you are hungry your tummy lets out a GROWL. This whole time your kidneys are also working...very quietly.

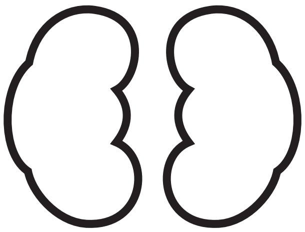
Match the body part with the **SOUND** it makes.



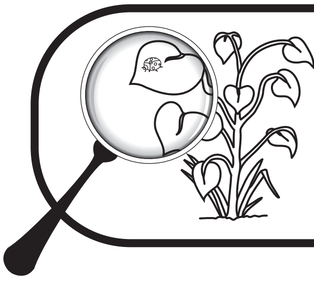
Shh! Works quietly.



GROWWWL!



BOOM! BOOM!

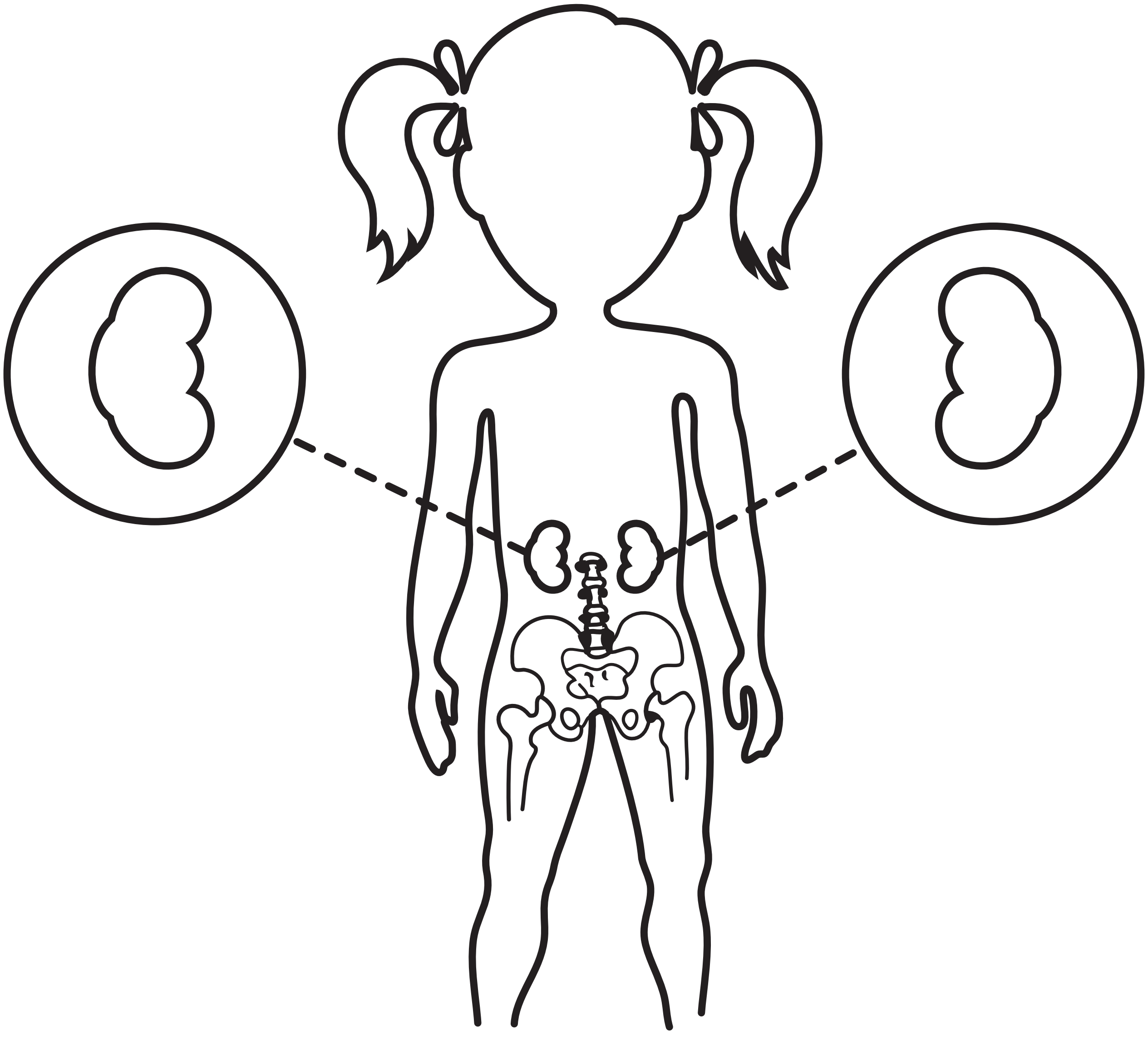


Activity Center:

What is something funny that has happened at the doctor's office? ______________________________

Every mom and dad, girl and boy has two kidneys and needs their kidneys to live. Your kidneys are tucked right under your ribs on either side of your backbone. Your kidneys are shaped like a bean and each one is the size of a fist.

Can you make a fist? That's how big your kidneys are!



Activity Center:

What would you change about visiting a doctor's office to make it more friendly? ______________

So what do your kidneys do?
Your kidneys are like big washing machines. They clean your blood and make you pee. Your kidneys take out all the bad stuff in your blood. Your kidneys are your body's "trash" man. They help your bones grow and fight off colds.

Activity Center:

If you gave a report on kidney disease at school or if you were telling your friends about kidney disease, what would you say? ________________________________

Have some fun with your friend’s with Tic Tac Toe.

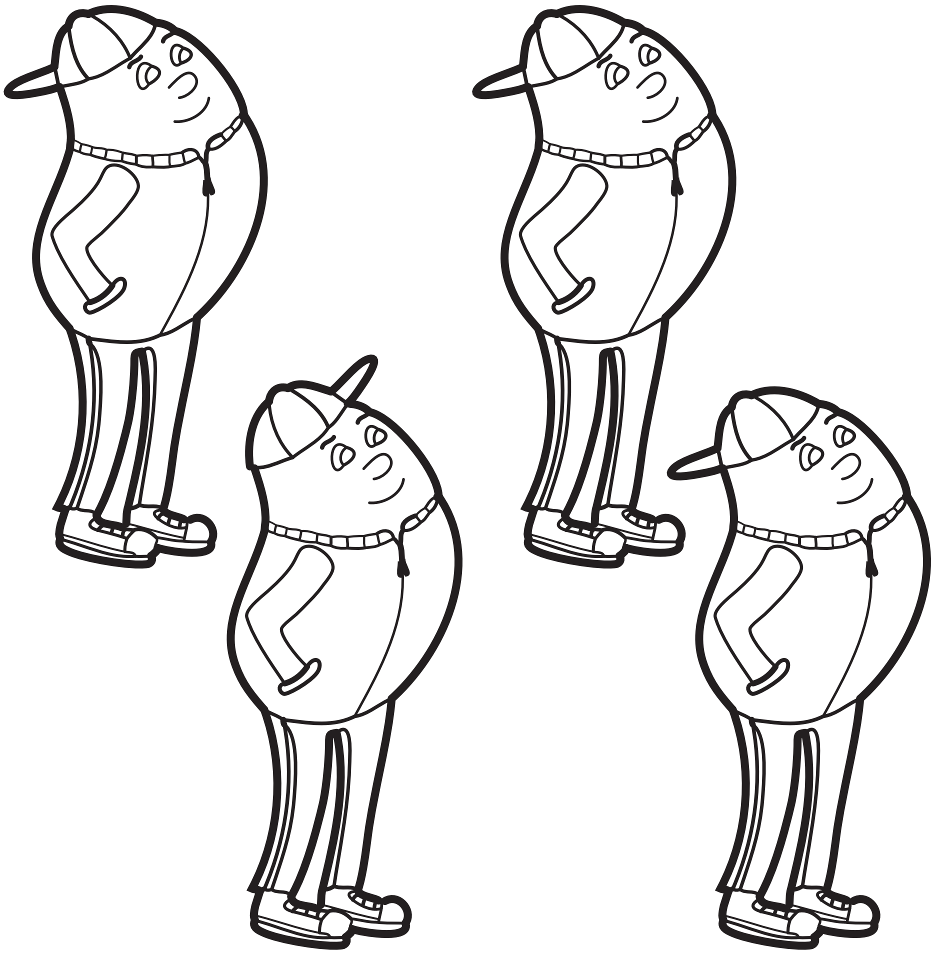
Draw kidneys  instead of “o”s.

Activity Center:

Name one thing that a doctor or nurse has done to make you feel better. ______________________

I was very scared when the doctor said that my kidneys aren't working. I didn't know if I would be able to eat jelly beans or marshmallows anymore. If my kidneys don't work could I still play soccer or play with my dog Lady?

I asked my doctor: "What will happen to me since my kidneys don't work?"

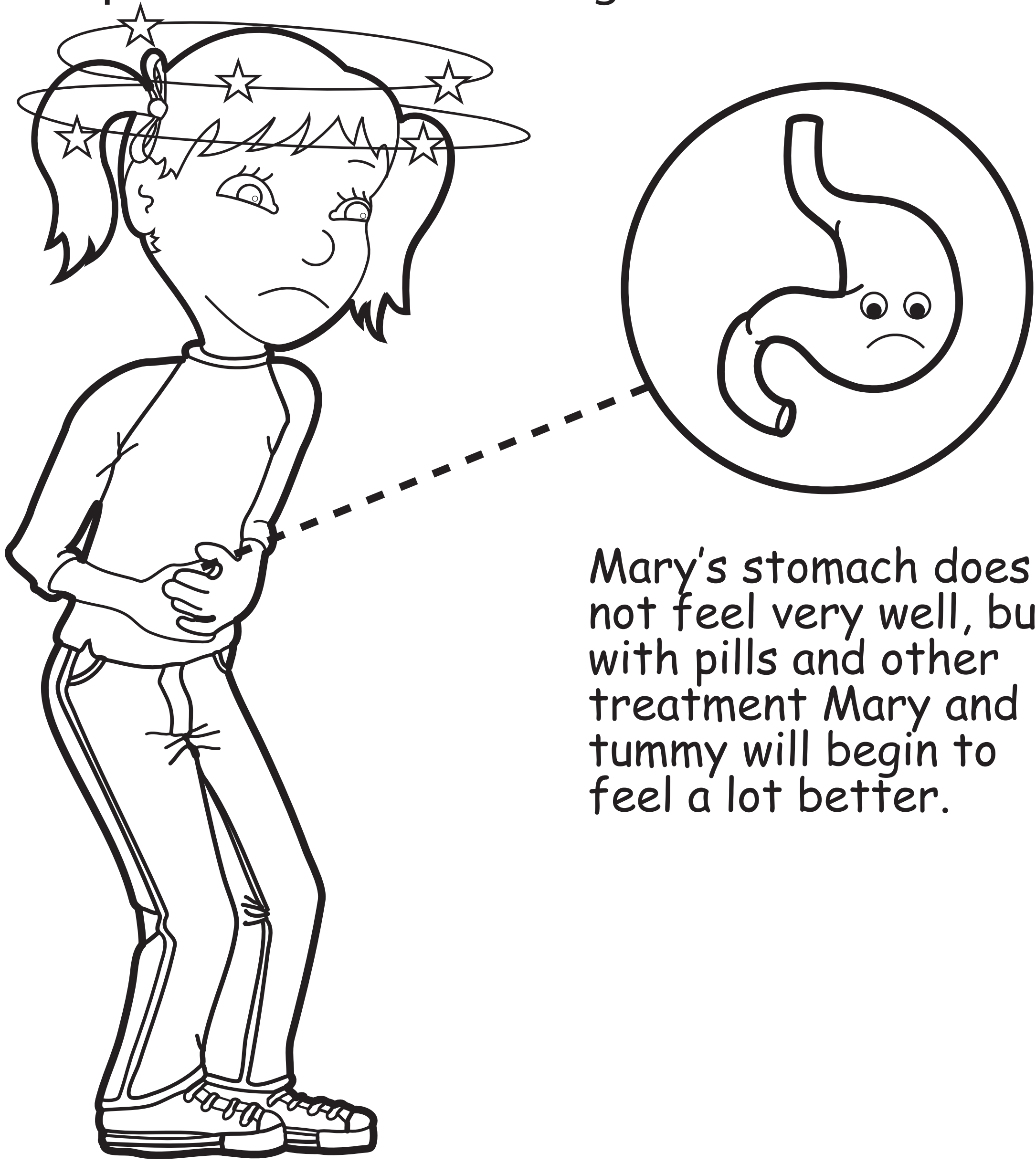


Put a Circle around the kidney that is different.

Activity Center:

Name a food that your doctor said you should not eat and why. ______________________________

When your kidneys stop working you feel sick just like I did. You also feel tired and don't want to eat. Your tummy might ache and you could also start feeling dizzy. I didn't want to run around with my dog or play soccer. The doctor said I would have to take pills and do other things to make me feel better.



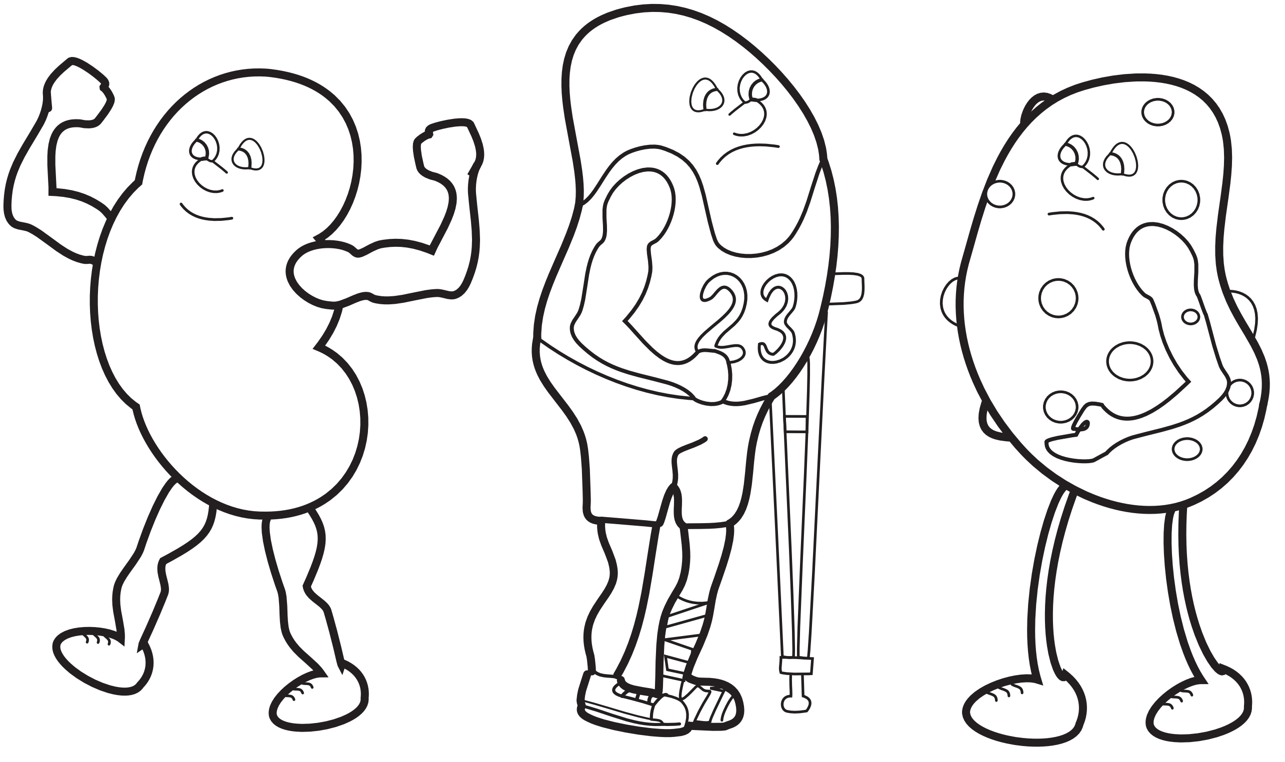
Mary's stomach does not feel very well, but with pills and other treatment Mary and her tummy will begin to feel a lot better.

Activity Center:

What is a good trick you would like to play on a doctor or nurse? ______________________________

I then asked my doctor: "Why did my kidneys stop working? What did I do that made my kidneys stop working?"

The doctor said there are lots of grown ups and kids whose kidneys stop working. Some are born with kidney problems. Other kidneys stop working slowly, over a long time. Some kidneys stop working because they get hurt or get a kidney sickness.



Activity Center:

Name all the people on your health (kidney) care team. Don't forget to count yourself.

____

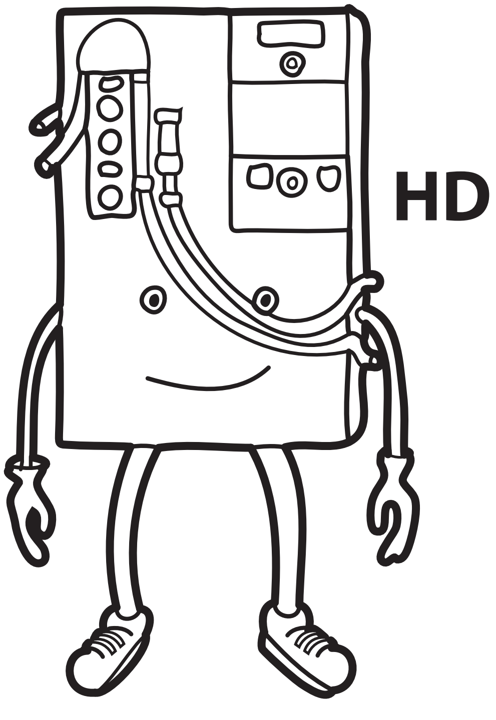
My parents had questions too.

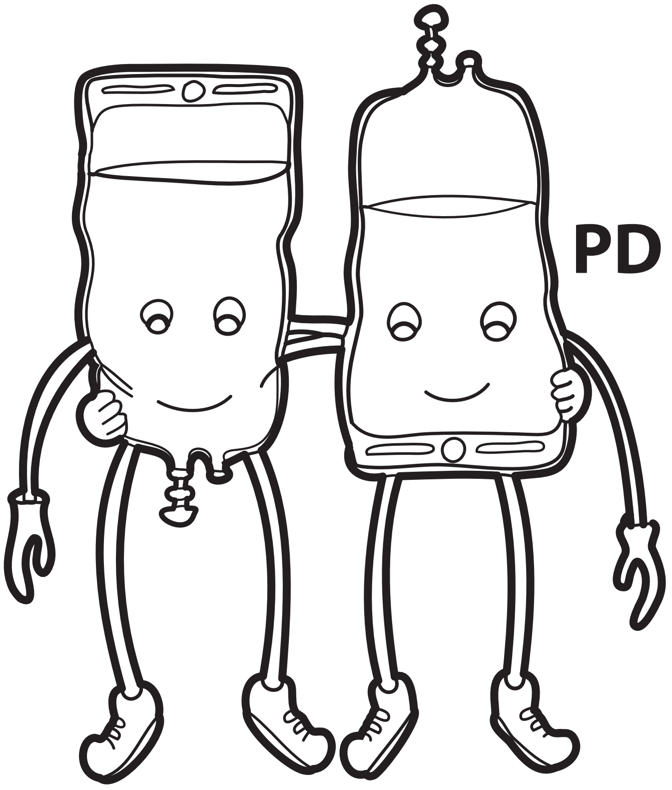
They wanted to know how the doctor was going to fix my kidneys and make me better.

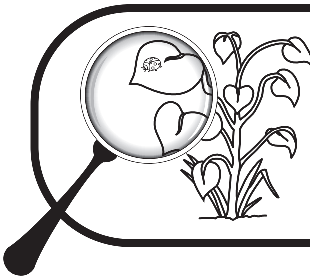
The doctor said there are a few ways to make me feel better.

I needed to start dialysis (say: di-al-uh-sis). Dialysis is a way for your blood to get cleaned.

There are two kinds of dialysis: hemodialysis (say: hee-mo-di-al-uh-sis) or peritoneal dialysis (say: per-uh-tuh-nee-ul) dialysis. They are called HD and PD for short.







Activity Center:

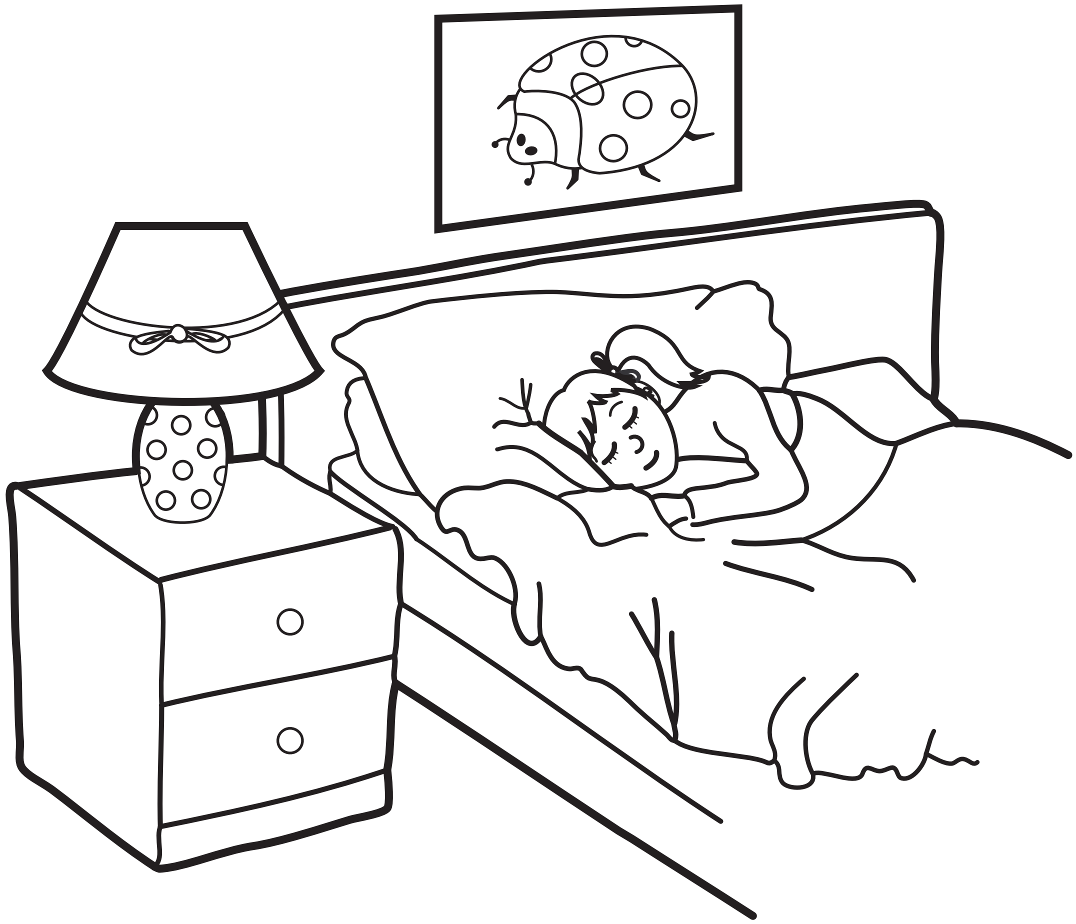
Name two things about dialysis that scare you.

____

I was so confused. Both choices used very big words. But the doctor told me and mom and dad about them.

HD used a big giant machine to clean my blood. I would come to the hospital a few times a week and watch TV or movies or play video games while the machine cleaned my blood.

PD would use my tummy to clean my blood. I would be able to do this at home while I slept each night.



Activity Center:

Name a fun thing that you can do while on dialysis.

____

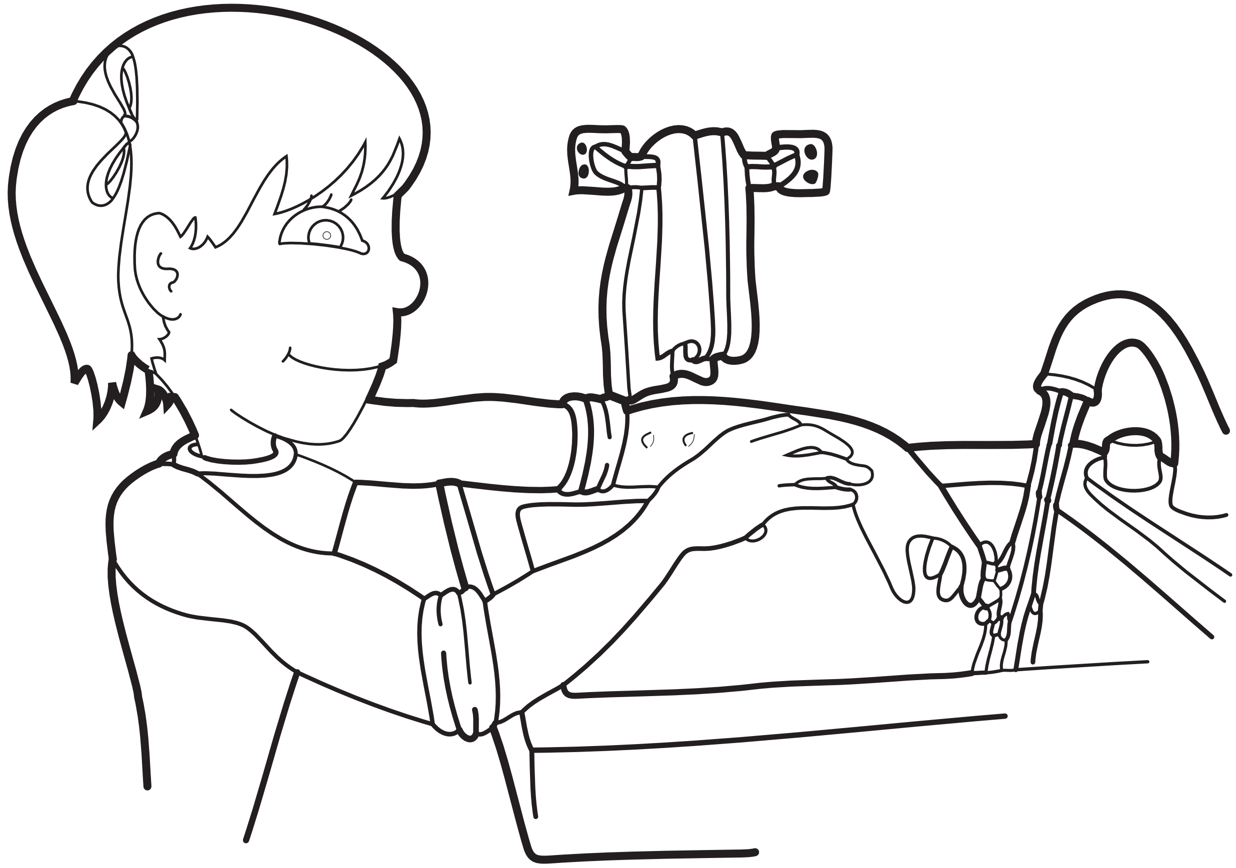
But how would the doctors get to my blood inside my body?

The doctor told me that they create an “access” to my blood. There are three types of accesses. One is a fistula (say: fist-oo-la). A fistula is your own artery and vein tied together.

The second type is a graft. A graft is man made and connects an artery and a vein together.

The third type, called a catheter, is a plastic tube that would be put in my chest.

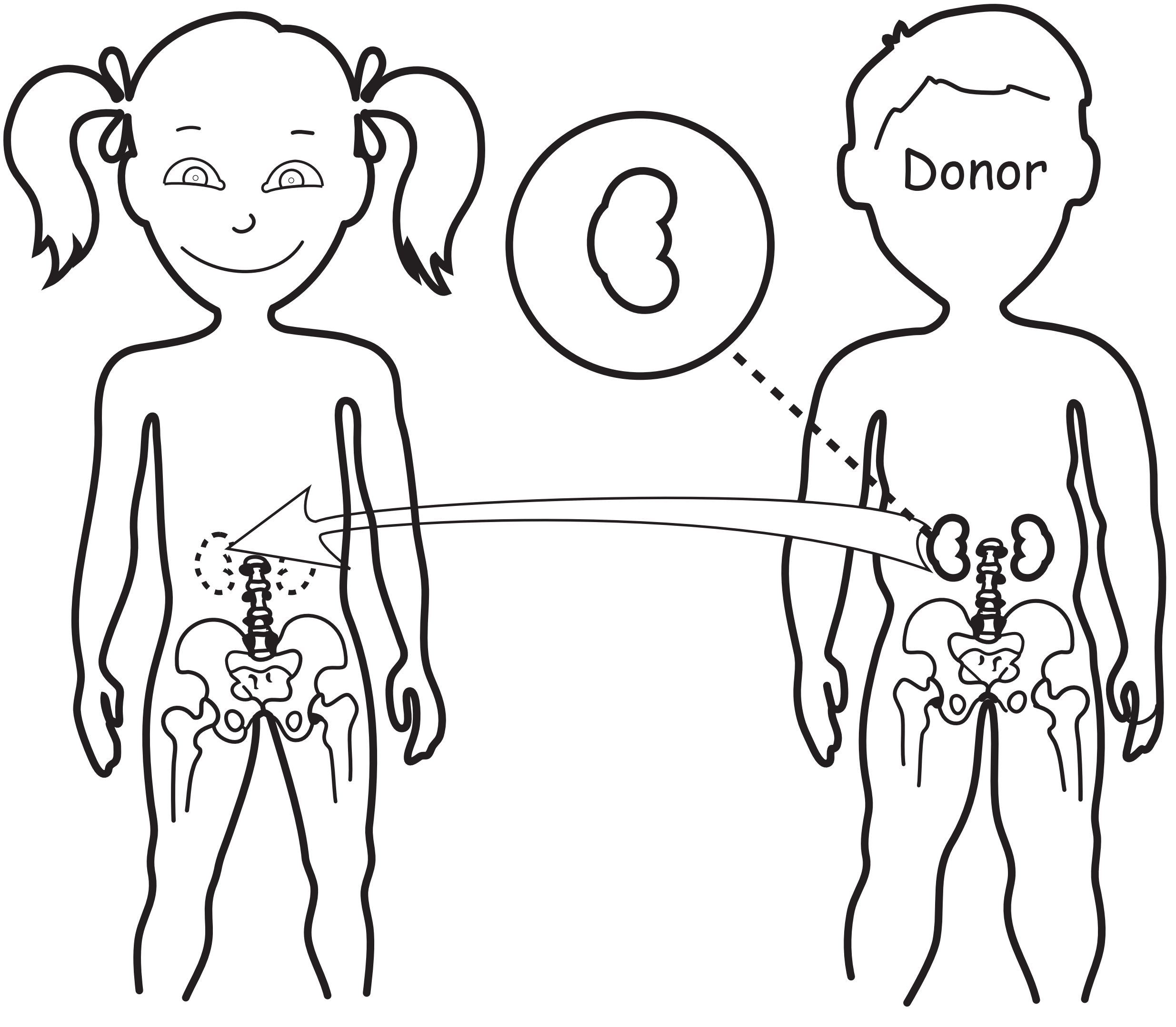
Either way I have to make sure I keep my access clean and dry. I also have to make sure that the area around my access does not get hit.



Activity Center:

What would you put in a dialysis center that would make it more fun?____________________________

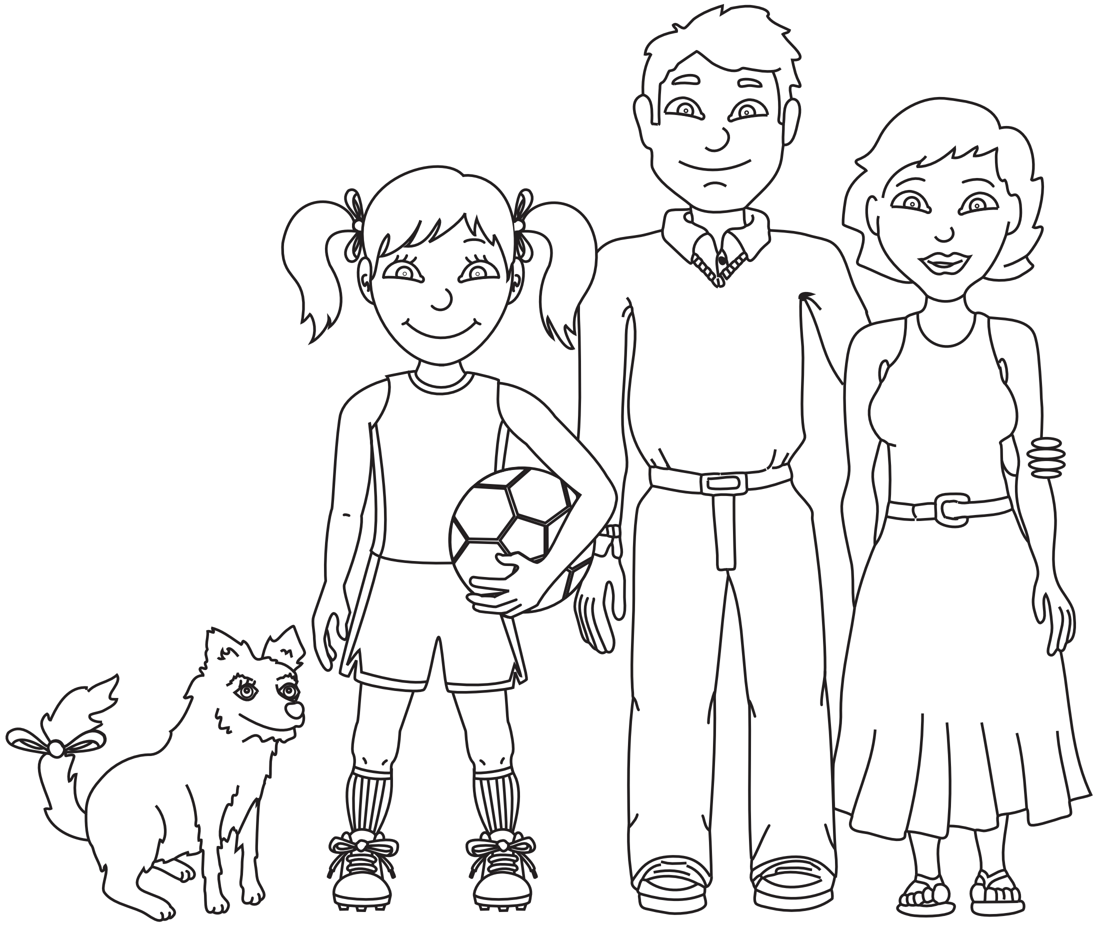
The doctor said that there is one more way to make me feel better, get a kidney transplant (say: trans-plant). I would get a brand new kidney but I would have to wait until the doctors could find one that my body would like. If I got a transplant I might not have to do dialysis any more. I would have to take special pills to keep my new kidney.



Activity Center:

Name something that would be different if you got a kidney transplant. ____________________

Mom, dad and I went home to think about what we should do to make me feel better. We were all scared but we knew that the doctor would help me get better.

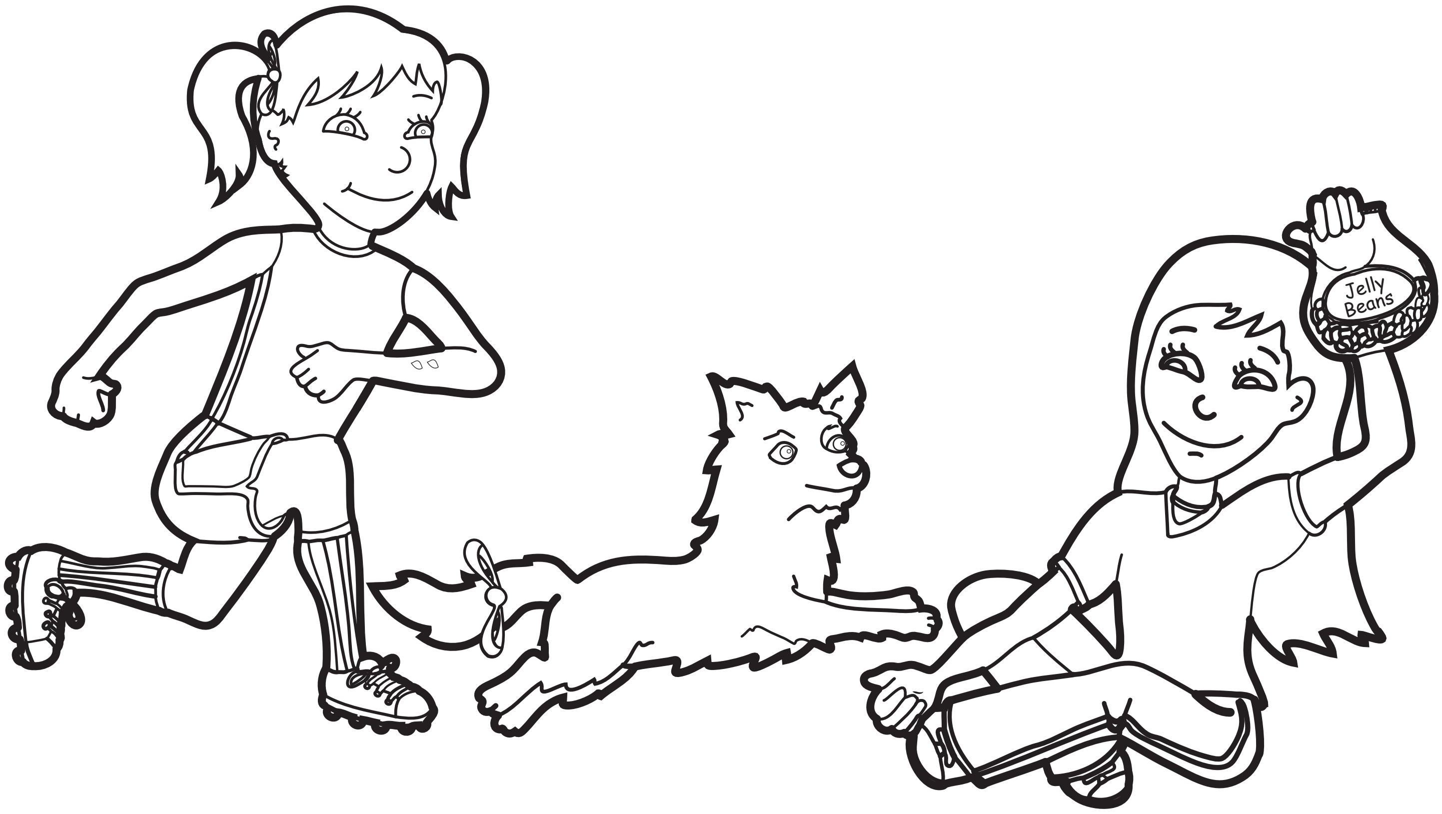


We knew we would have to be careful with what I ate or drank. I would have to ask my doctor before I played soccer again.

I can't wait to get back to school and teach my friends what I learned about kidneys.

Activity Center:
Tell your mom, dad, friends, nurse, or doctor what you thought the first time you saw a dialysis machine. ____________________________

Once I started dialysis I started to feel a lot better. I went back to school and began playing with my friends. I still eat jelly beans and marshmallows but only when my mom lets me. I also run around with Lady but I have to be careful not to fall down too hard.

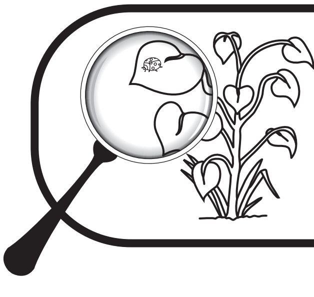


Activity Center:

After finishing your dialysis, tell how you feel.

____

Being sick was very scary but I am glad that I went to the doctor because now I feel much better.



Activity Center:

Make a sound that a dialysis machine would make.

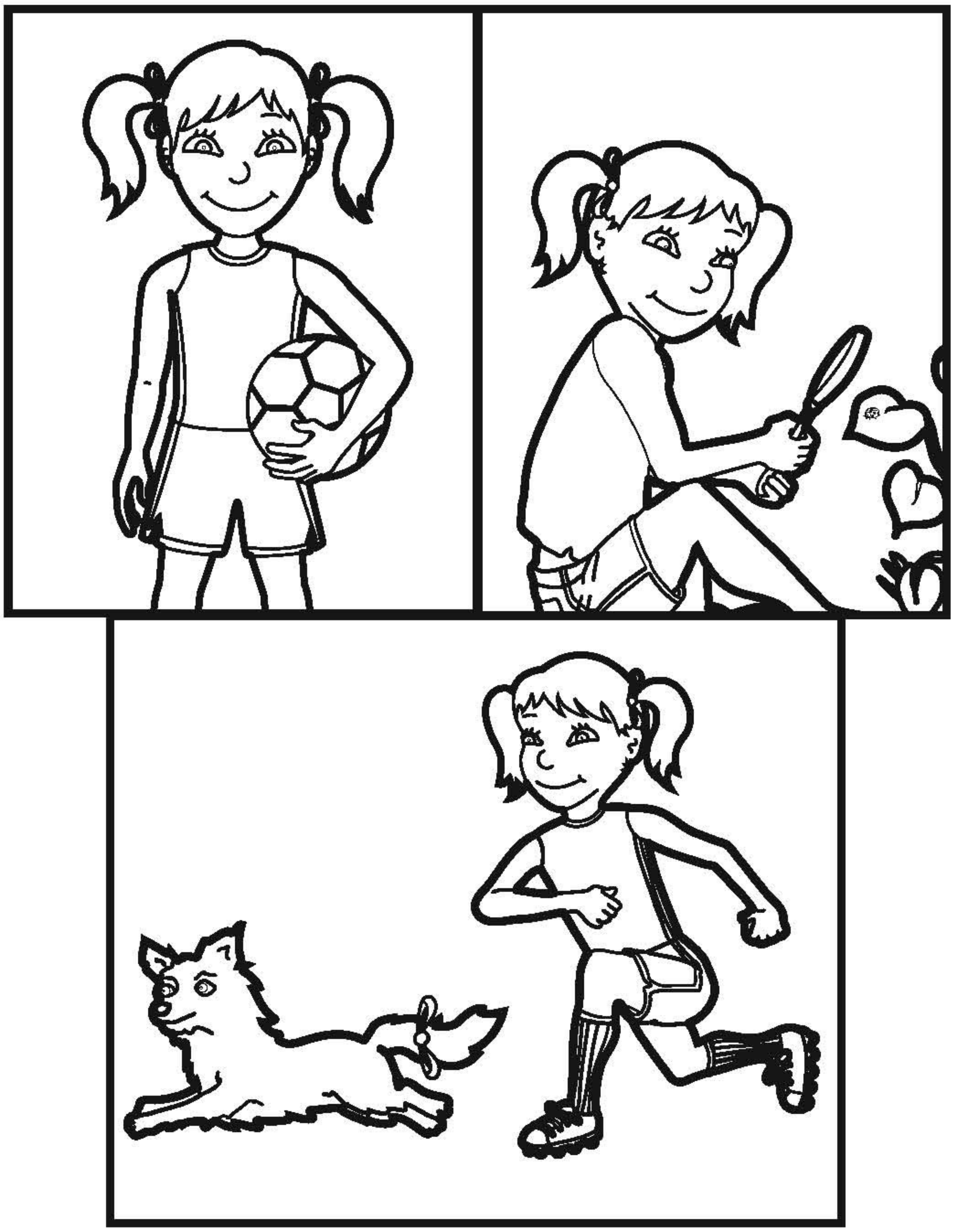
Notes

Mis Riñones y Yo

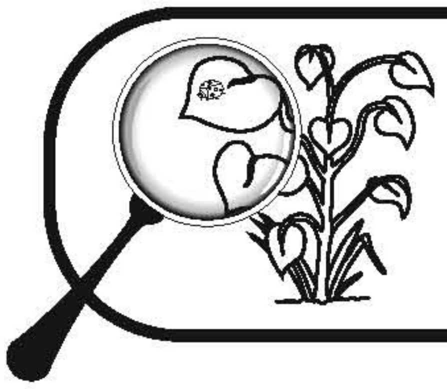
LIBRO PARA COLOREAR CON ACTIVIDADES

End Stage Renal Disease
Network of Texas

Hola. Mi nombre es Mary. Tengo 5 años.



Me gusta jugar fútbol, buscar mariquitas y jugar con mis amigos.

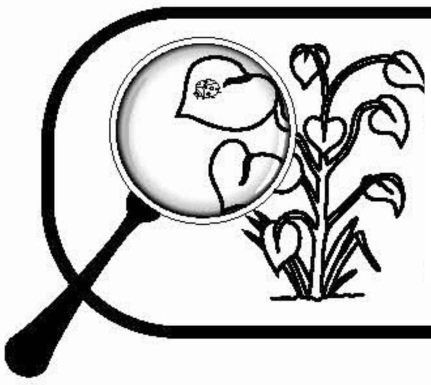


Centro de Actividades:
Si fueras un doctor, ¿Qué tipo de doctor serías?

____

Lo que más me gusta hacer después de la escuela es jugar con mi perra Lady. Ella es muy rápida y corremos alrededor de mi patio trasero. Pero la semana pasada no pude jugar con Lady. Me sentía cansado y nada más quería acostarme. Mi estómago se sentía mal y no quería comer mi comida favorita- malvaviscos y jelly beans.

Me sentía tan mal que no pude ir a la escuela y no fui a la práctica de fútbol. Mi mamá decidió llevarme al doctor.



Centro de Actividades:
Nombra a un doctor o a una enfermera y dí lo que te gusta sobre ellos.

____

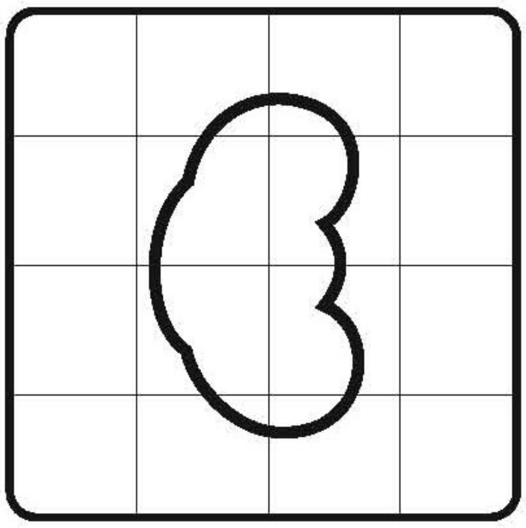
Cuando fui al doctor, el doctor me revisó mis oídos, mi nariz y mi garganta. El doctor hizo muchas preguntas a mi mamá, a mi papá y a mí sobre como me sentía. La enfermera sacó un poquito de sangre de mi brazo. Estaba asustada pero fui valiente.

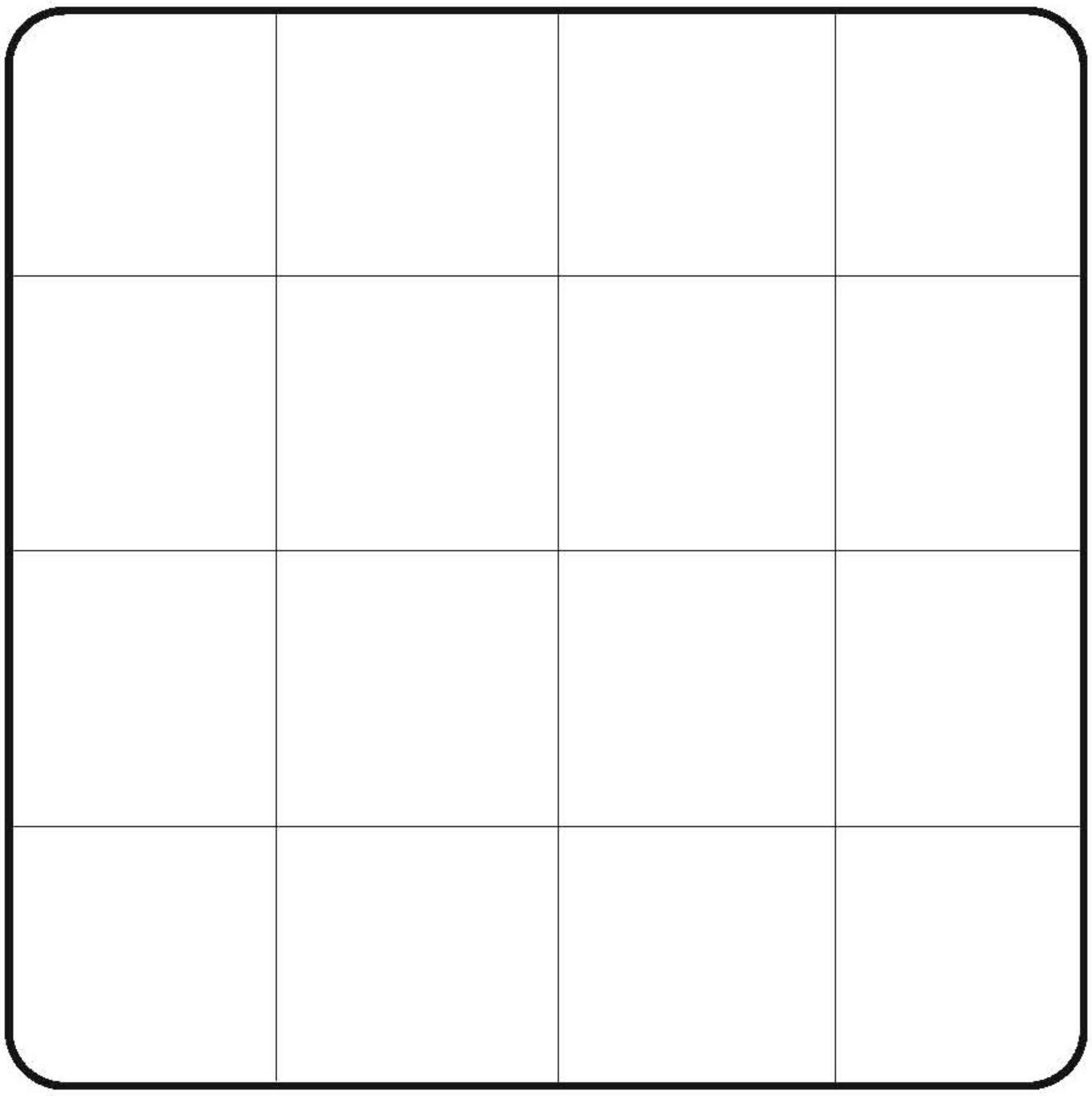
Centro de Actividades:
Nombra a alguien que te ayuda a ser valiente.

Mi mamá, mi papá y yo esperamos una hora por los resultados de las pruebas.

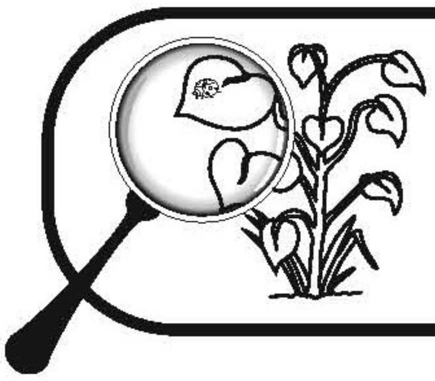
El doctor regresó y dijo que la razón por la cual me sentía mal era porque mis riñones no estaban funcionando bien.

Yo nunca había oído hablar de los riñones antes. ¿Tú sabes qué son los riñones?





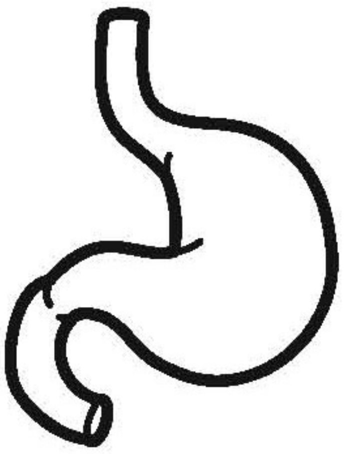
Dibuja el RIÑON en la cuadrícula grande



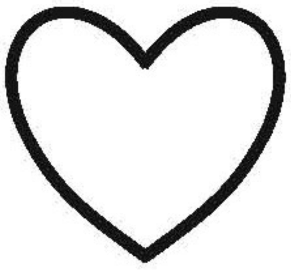
Centro de Actividades:
Nombra algunas actividades divertidas que puedes hacer mientras esperas a ver al doctor.

Los riñones son parte de tu cuerpo como tu corazón y tu estómago. Cuando corres, sabes que tu corazón esta trabajando porque escuchas un BOOM, BOOM, BOOM. Cuando tienes hambre tu estómago hace un sonido de GROWL. Todo este tiempo tus riñones también han estado funcionando...pero silenciosamente.

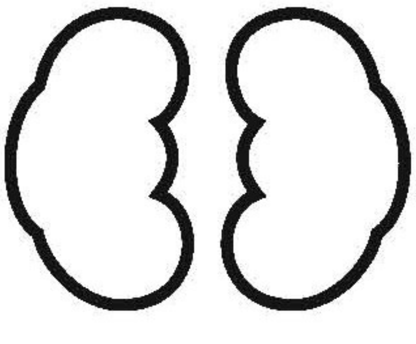
Une con una línea la parte del cuerpo con el sonido que le corresponde.



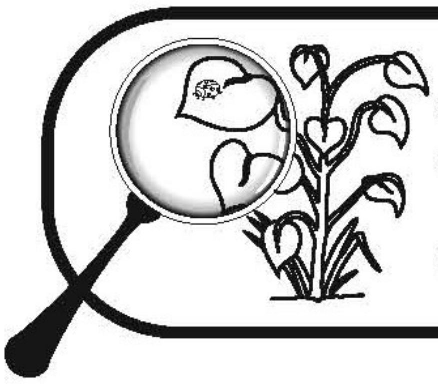
¡Shh! Está trabajando silenciosamente



¡GROWWWL!



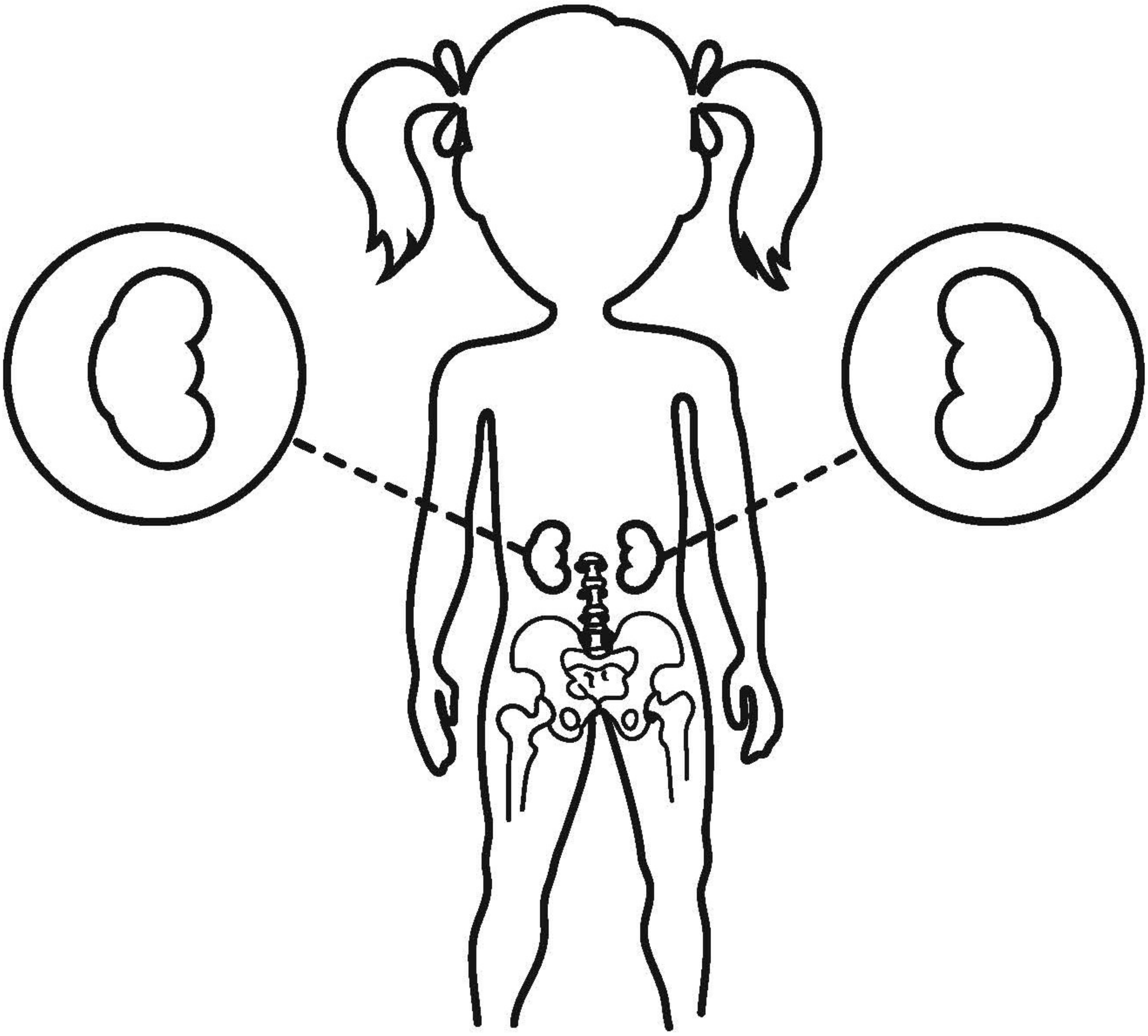
¡BOOM! ¡BOOM!

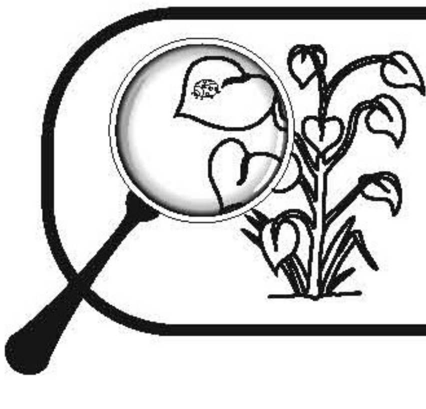


Centro de Actividades:
¿Qué es algo gracioso que ha pasado en la oficina del doctor?

____

Todos los papás, mamás, niñas y niños tienen dos riñones y los necesitan para poder vivir. Tus riñones están debajo de tus costillas, a cada lado de la columna vertebral. Tus riñones tienen forma de frijol y son del tamaño de un puño. ¿Puedes poner tu mano en forma de puño? ¡Así de grandes son tus riñones!





Centro de Actividades:
¿Qué cosas cambiarías en la oficina del doctor para que sea más amigable?

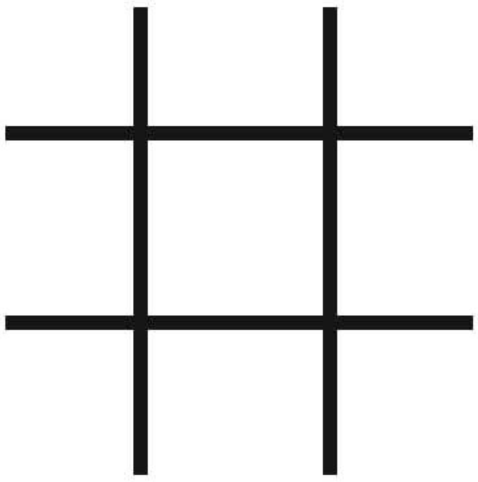
¿Qué hacen tus riñones?

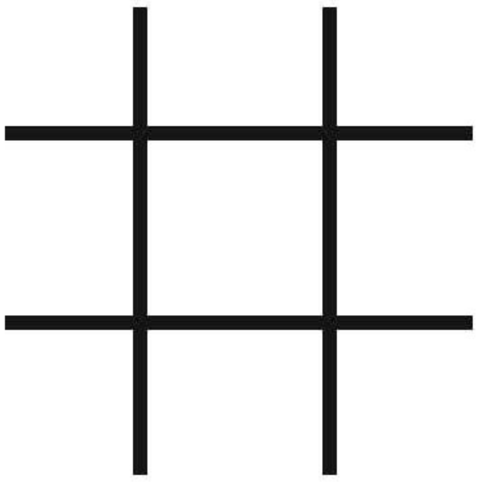
Tus riñones son como unas lavadoras muy grandes. Los riñones limpian tu sangre y te hacen ir al baño. Tus riñones quitan todas las cosas malas de tu sangre. Tus riñones son como el señor que limpia la basura. Le ayudan a tus huesos a que crezcan y combaten los resfriados.

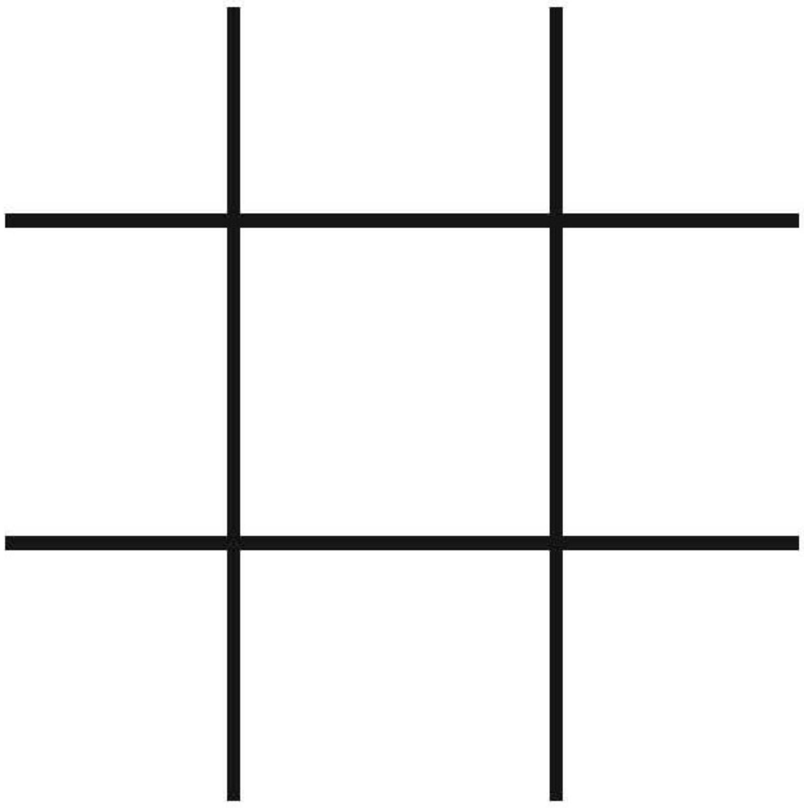
Centro de Actividades:
Si tienes que dar un reporte en la escuela sobre una enfermedad de los riñones o si les platicas a tus amigos sobre una enfermedad de los riñones, ¿Qué les dirías?

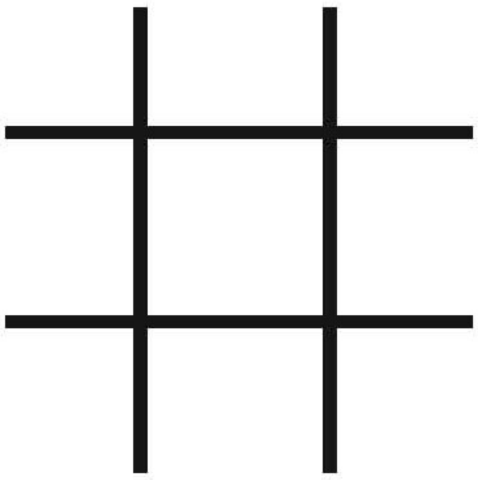
Diviértete con tus amigos jugando 3 en raya.

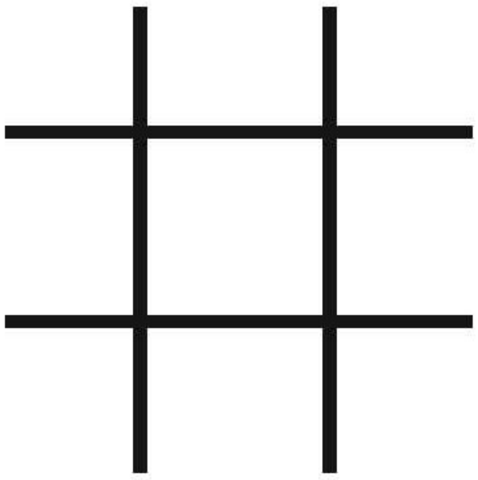
Dibuja riñones  En vez de “O”









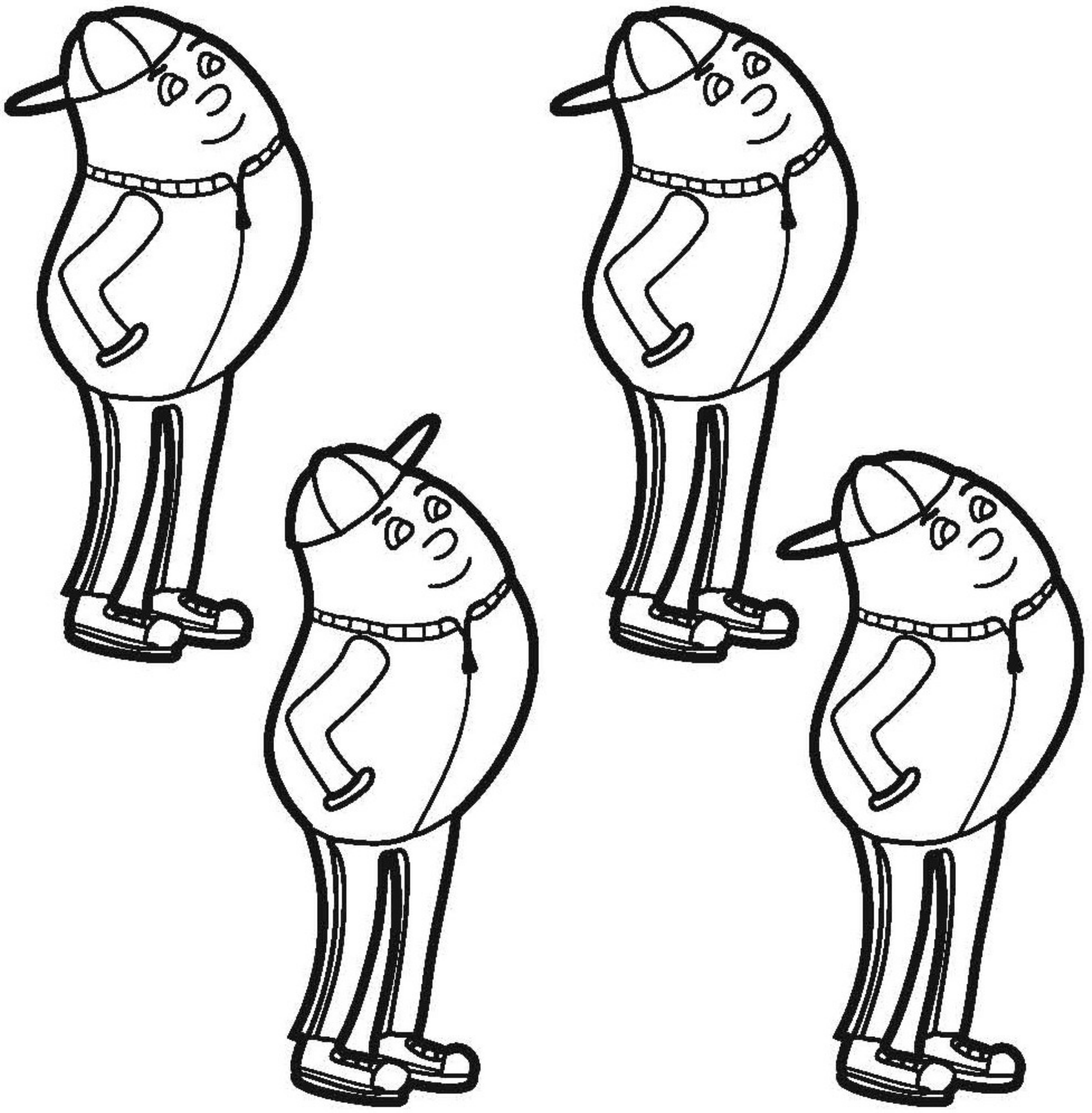


Centro de Actividades:
Nombra una cosa que el doctor o la enfermera han hecho para que te sientas mejor.

Cuando el doctor me dijo que mis riñones no estaban funcionando me dió mucho miedo. No estaba seguro si iba a poder seguir comiendo jelly beans o malvaviscos. Si mis riñones no funcionan, ¿puedo seguir jugando fútbol o con Lady?

Le pregunté a mi doctor: “¿Qué me va a pasar si mis riñones no funcionan?

Circula el riñón que es diferente.



Centro de Actividades:
Nombra un alimento que el doctor dijo que no puedes comer y por qué.

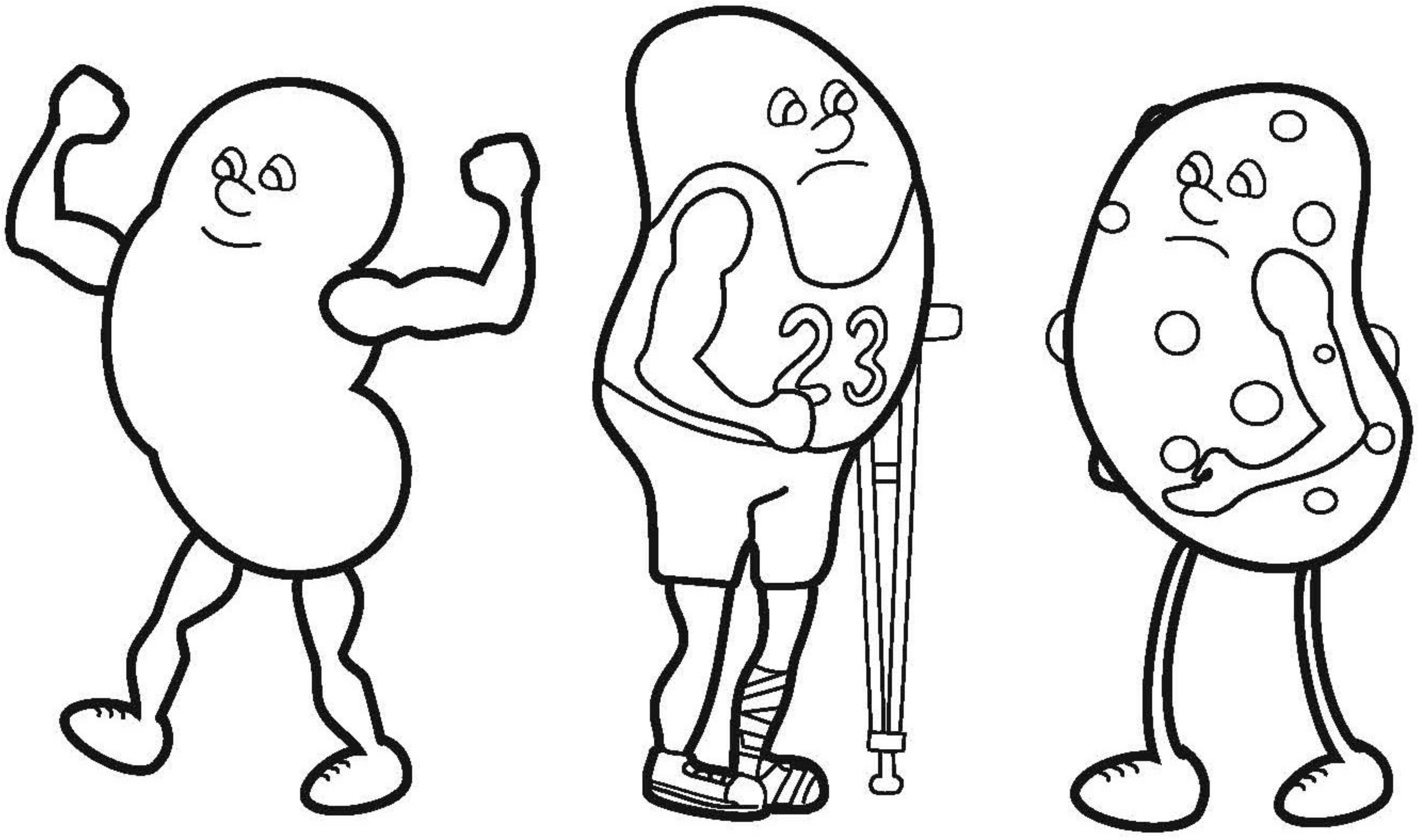
Cuando tus riñones dejan de funcionar te sientes enfermo, igual que yo. También te sientes cansado y no quieres comer. Puede que te duela tu estómago y que te sientas mareado. Yo no quería correr con mi perro o jugar fútbol. El doctor dijo que iba a tener que tomar pastillas y hacer otras cosas para sentirme mejor.

El estómago de Mary no se siente bien, pero con pastillas y otros tratamientos Mary y su estómago se sentirán mejor.

Centro de Actividades:
¿Qué broma te gustaría hacerle a un doctor o a una enfermera?

Después le pregunté a mi doctor: “Por qué mis riñones dejaron de funcionar? ¿Qué hice para que mis riñones dejaran de funcionar?”

El doctor dijo que hay muchos adultos y niños cuyos riñones dejan de funcionar. Algunos nacen con problemas en sus riñones. Otros riñones dejan de funcionar lentamente, durante un largo tiempo. Otros riñones dejan de funcionar porque se lastiman o se enferman.



Centro de Actividades:
Nombra a todas las personas en tu equipo de atención médica (de los riñones). No se te olvide que tú también eres parte del equipo.

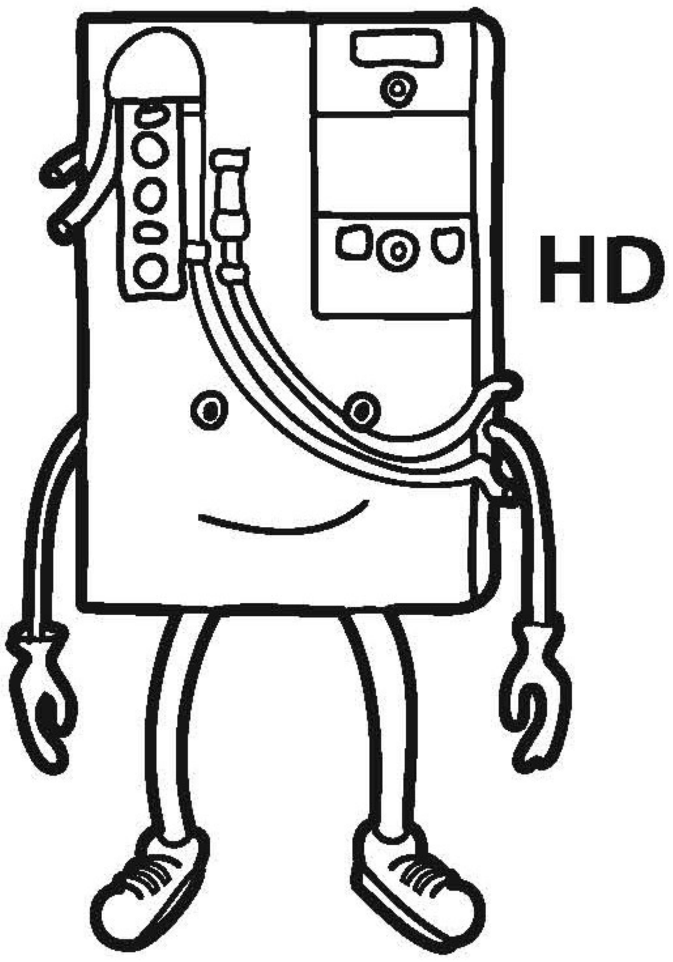
Mis papás también tenían preguntas.

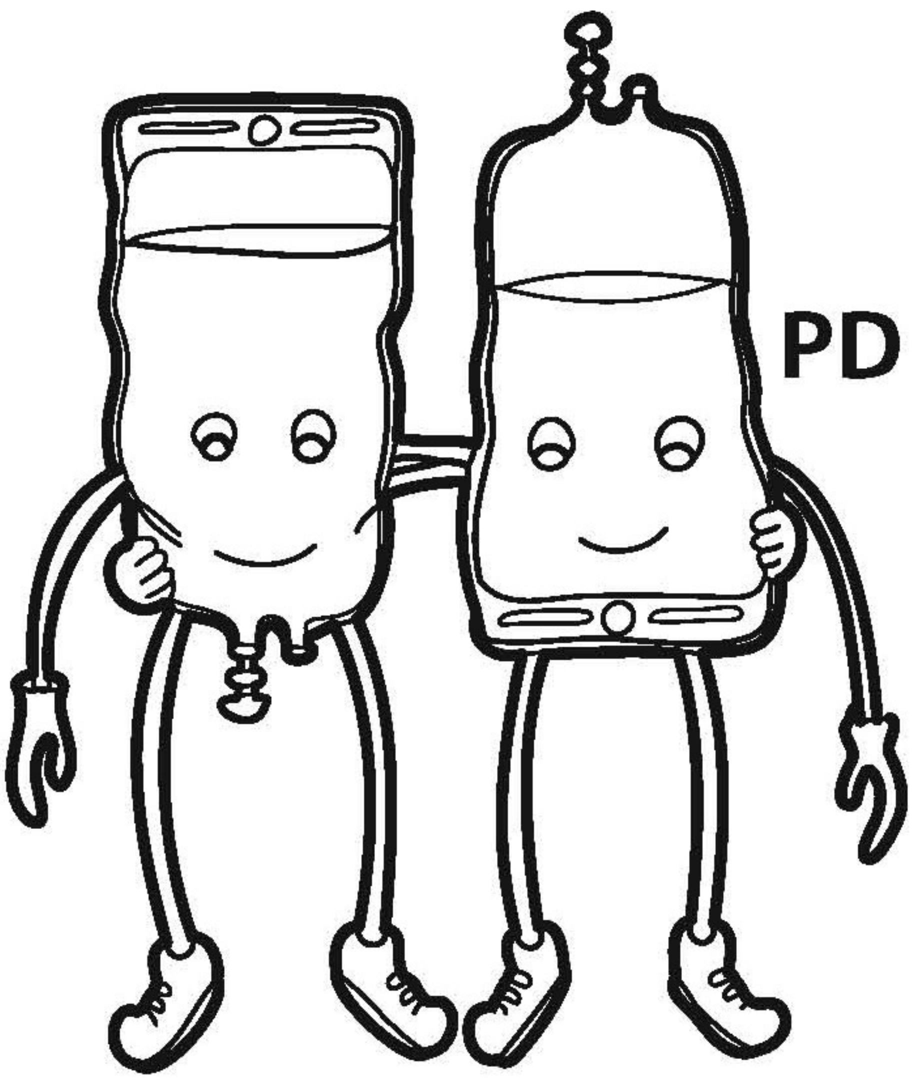
Ellos querían saber cómo el doctor iba a arreglar mis riñones y hacerme sentir mejor.

El doctor dijo que habían algunas formas de hacerme sentir mejor.

Tenía que empezar con la diálisis. La diálisis es una manera en la cual tu sangre se limpia.

Hay dos tipos de diálisis: la hemodiálisis o la diálisis peritoneal. Les llaman HD y PD, para abreviar.



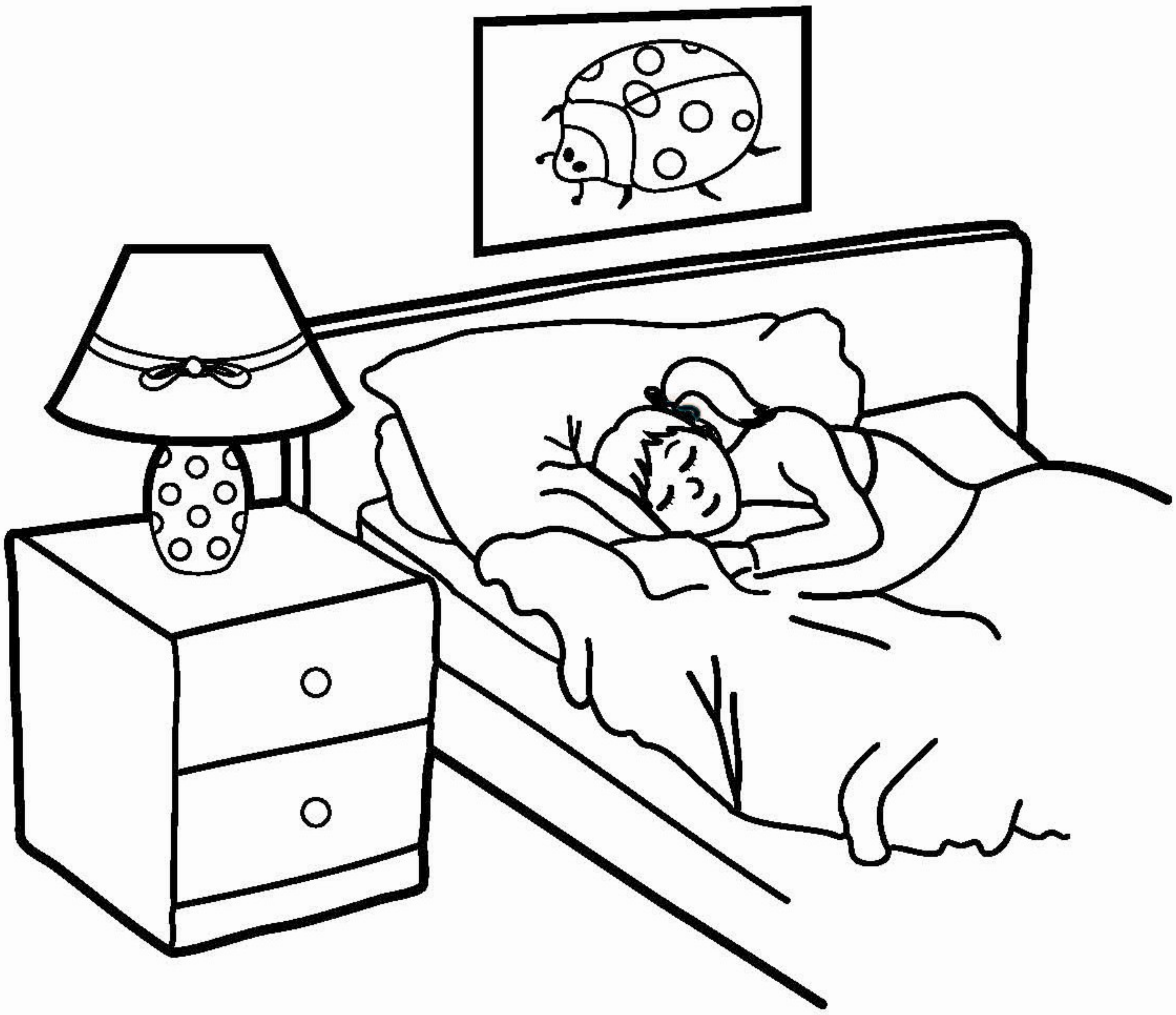


Centro de Actividades:
Nombra dos cosas de la diálisis que te dan miedo.

Estaba muy confundida. Las dos opciones usan palabras muy complicadas. Pero el doctor nos dijo a mi mamá, mi papá y a mí sobre las opciones.

HD usa una máquina gigante para limpiar mi sangre. Yo tendría que ir varias veces en la semana al hospital y ver películas o jugar un videojuego mientras la máquina limpia mi sangre.

PD usa mi estómago para limpiar mi sangre. Yo podría hacer eso mientras duermo en mi casa todas las noches.



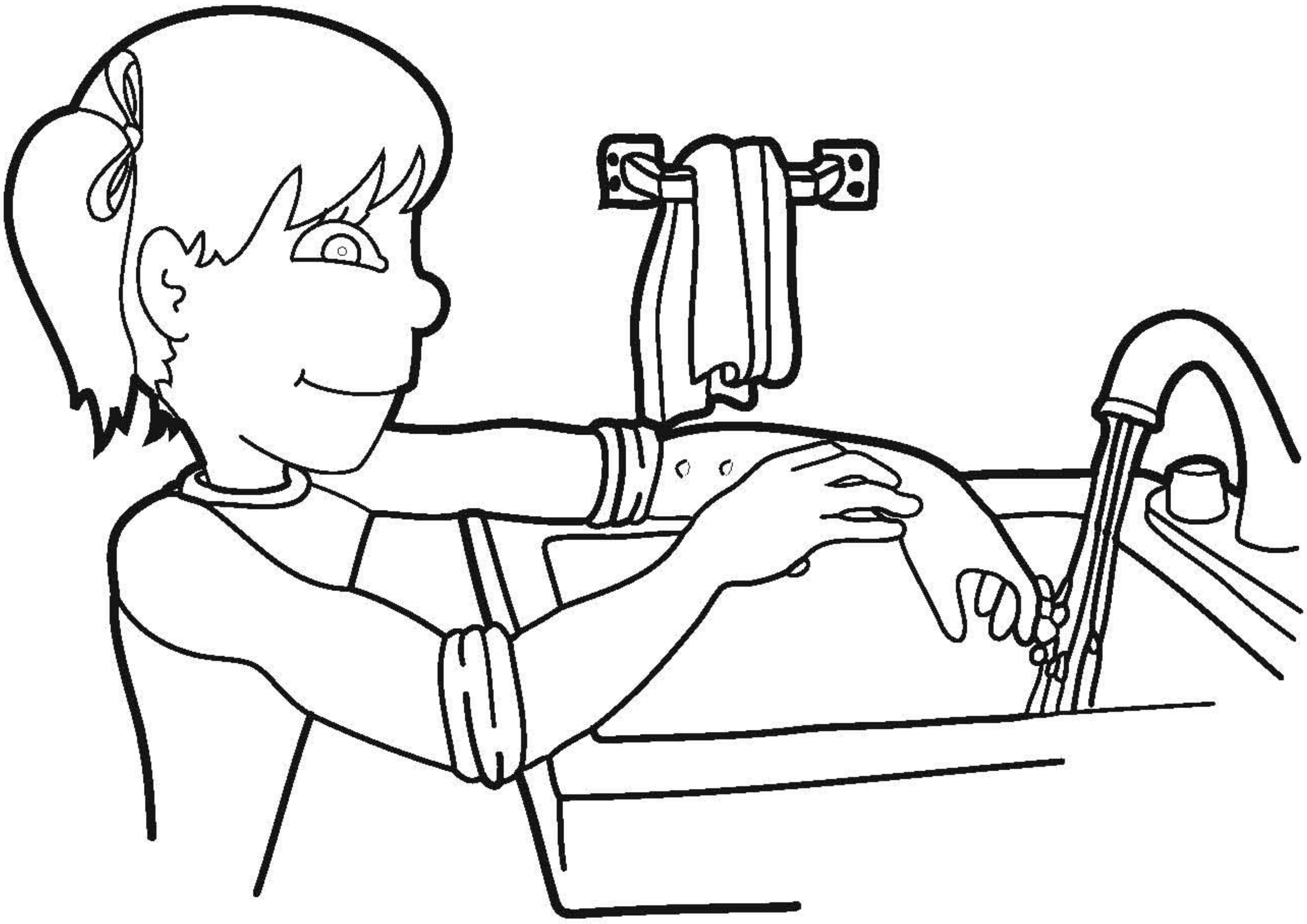
Centro de Actividades:
Nombra algo divertido que puedes hacer durante la diálisis.

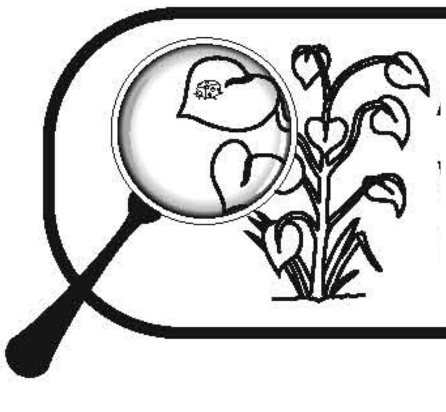
Pero, ¿Cómo podría mi doctor tratar mi sangre si está dentro de mi cuerpo?

El doctor me dijo que pueden crear un “acceso" a mi sangre. Existen tres tipos de acceso. Una es la fístula. La fistula es cuando tu arteria y vena están unidas.

El segundo tipo es un injerto. Un injerto es cuando tu arteria y vena están unidas artificialmente.

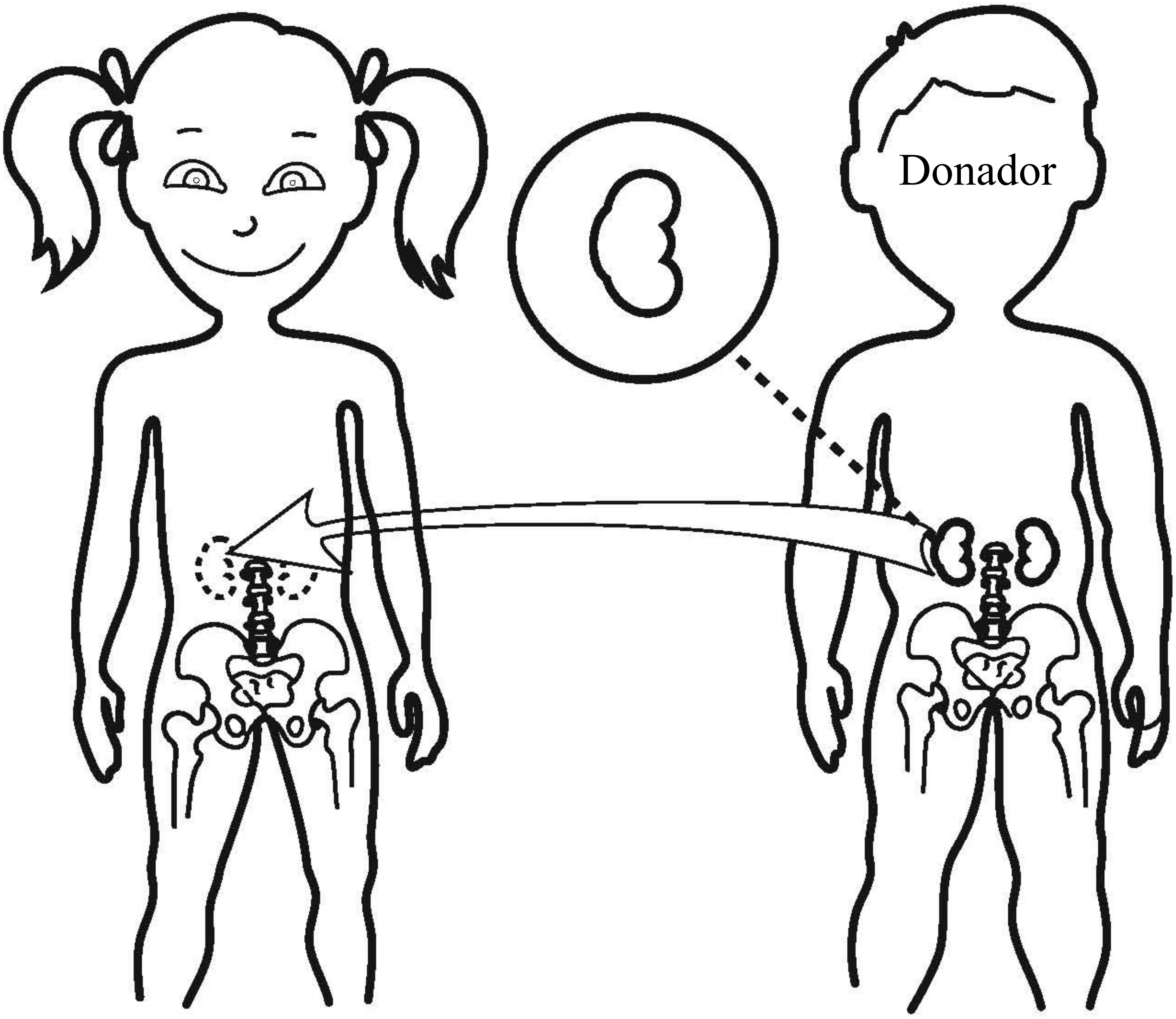
El tercer tipo es un catéter que es un tubo de plástico que pondrían en mi pecho.

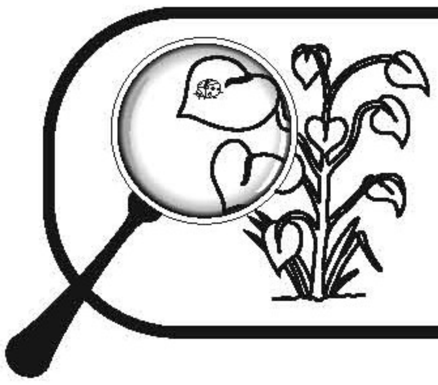




Centro de Actividades:
¿Qué pondrías en un centro de diálisis para hacerlo más divertido?

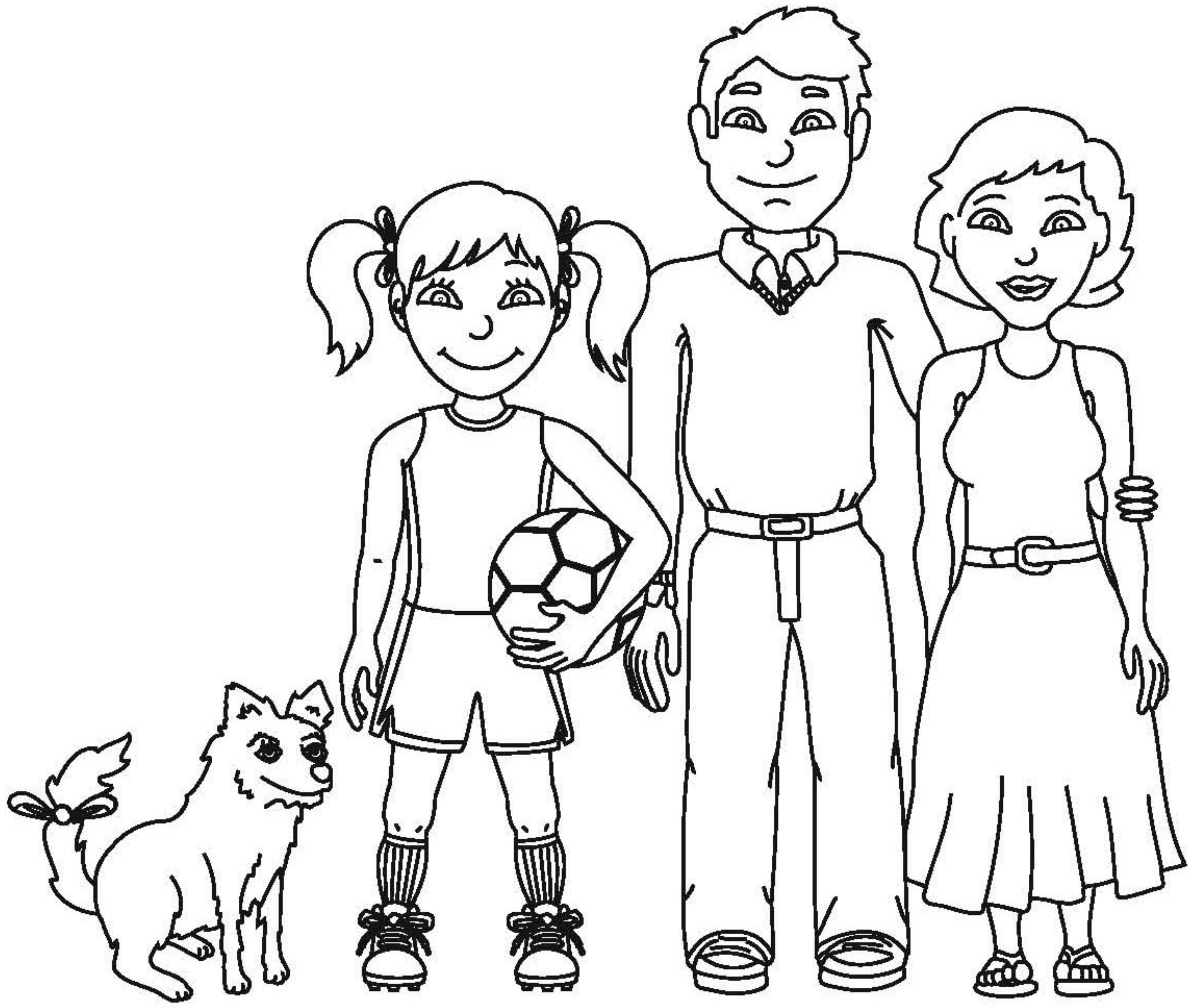
El doctor dijo que también existe otra manera de hacerme sentir mejor, con un trasplante de riñón. Podría tener un riñón nuevo, pero tendría que esperar hasta que los doctores encuentren un riñón que le guste a mi cuerpo. Si tengo un trasplante no tendría que hacer la diálisis. Pero tendría que tomar pastillas especiales para mantener mi riñón nuevo.





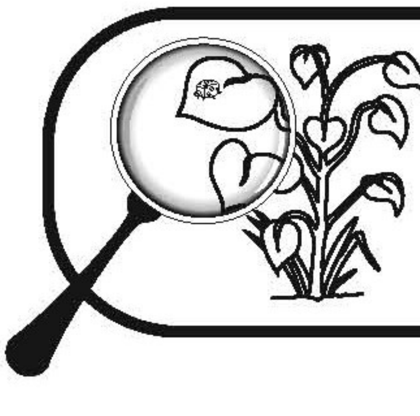
Centro de Actividades:
Nombra algo que sería diferente si tienes un trasplante de riñón.

Mi mamá, mi papá y yo nos fuimos a casa para pensar en qué era lo mejor para mí. Teníamos miedo pero sabíamos que el doctor me ayudaría a sentirme mejor.



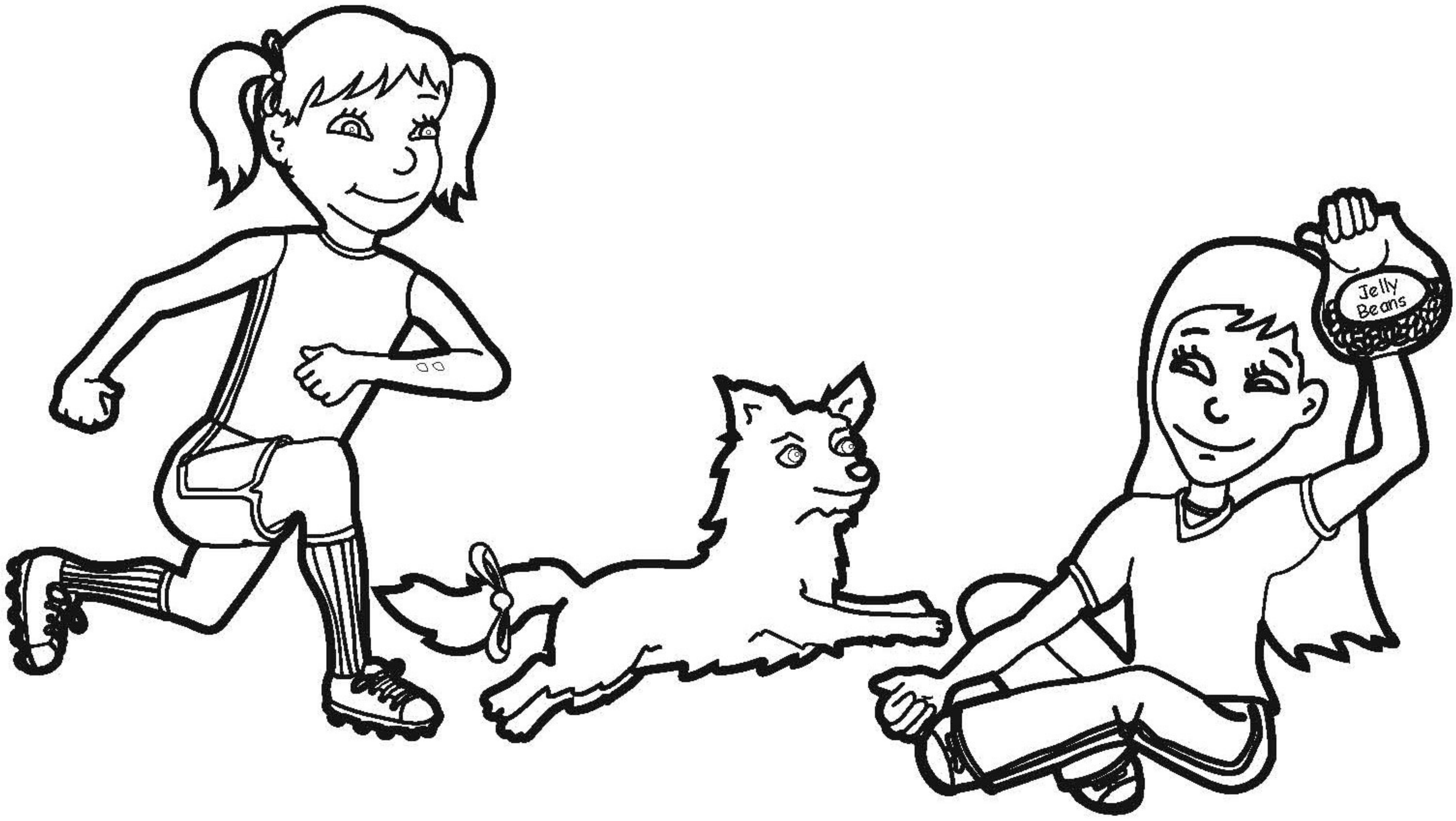
Sabíamos que tendríamos que tener cuidado con lo que comería o bebería. Tendría que preguntarle al doctor antes de poder jugar fútbol otra vez.

Ya quiero regresar a la escuela para enseñarle a mi s amigos lo que aprendí sobre los riñones.



Centro de Actividades:
Dile a tu mamá, papá, amigos, enfermera o doctor qué fue lo que pensaste la primera vez que viste una máquina de diálisis.

Una vez que empecé la diálisis me empecé a sentir mejor. Regresé a la escuela y empecé a jugar con mis amigos. Todavía como jelly beans y malvaviscos pero solo cuando me deja mi mamá. También corro con Lady, pero tengo que tener cuidado de no caerme muy fuerte.



Centro de Actividades:
Después de tu diálisis, dí como te sientes.

Estar enfermo da mucho miedo pero me alegra que fui al doctor porque ahora me siento mucho mejor.

Centro de Actividades:
Haz un sonido que la máquina de diálisis haría.

Notas

End Stage Renal Disease
Network of Texas

The End Stage Renal Disease Network of Texas, Inc. (#14) resource document is created and published under Centers for Medicare and Medicaid Services contract number: HHSM-500-2016-NW014C.

To file a grievance please contact Network 14 at 1-877-886-4435 (phone), 972-503-3219 (fax), info@nw14.esrd.net (email), www.esrdnetwork.org

El End Stage Renal Disease Network of Texas, Inc. (#14) esta bajo el contrato #HHSM-500-2016-NW014C con los Centros de Servicio Medicare y Medicaid. Presentar una queja por favor contacte a la Red 14 a 1-877-886-4435 and www.esrdnetwork.org

Approved by patients for patients

PAC approved
End Stage Renal Disease Network of Texas (NW#14) Patient Advisory Committee (PAC)