Kidney Failure Self-Management Plan Do not smoke. Avoid secondhand smoke. Name Green Means I Should: Green Zone: In Control Continue to take my medicine as prescribed. I do not have shortness of breath or trouble breathing. ✓ I do not have a weight gain of more than 1 kilogram (2.2 pounds) between ✓ Continue to monitor and keep my dialysis treatments or as specified by my dialysis team. access clean and dry. My blood pressure goal is systolic (top number) and Continue to attend my scheduled dialysis diastolic (bottom number), as specified by my dialysis team. treatments. I do not have chest pain, tightness, or a bounding/galloping heartbeat. ✓ I do not have excessive (more than usual) swelling or edema in my feet, legs, hands, or face. ✓ I am able to maintain my normal activity level. Yellow Means I Should: Yellow Zone: Caution

- ✓ I do not feel well enough to go to dialysis.
- ✓ I have shortness of breath or trouble breathing.
- ✓ I have excessive swelling of my feet, ankles, legs, hands, or face.
- I am not able to eat or drink.
- I am having severe cramping.
- ✓ I have a fever of 100.5°F or greater by mouth, or 99.5°F or greater under the arm, chills, cough, or feel weak and achy.
- ✓ I do not feel a vibration (thrill) in my fistula or graft.
- ✓ I have painful, hot, swollen skin, or pus around my dialysis access.
- ✓ If I have a central venous catheter (CVC), my CVC dressing is wet, soiled, or unattached.
- ✓ If on peritoneal dialysis, the fluid looks cloudy or bloody.

Red Zone—Medical Alert!

- ✓ I am bleeding from my access that I cannot stop.
- ✓ I have a central venous catheter (CVC) that has fallen out or is damaged.
- ✓ I have increased shortness of breath or trouble breathing.
- ✓ I have chest pain, tightness, heaviness, or a bounding/galloping heartbeat.
- ✓ I am having trouble thinking clearly or am confused.
- ✓ I have severe weakness, trouble walking, and/or tingling around the mouth.

Contact my dialysis center and share my symptoms.

Dialysis Center Contact:

Name: _	 	 	
Phone:	 	 	

Red Means I Must:

- ✓ Take action!
- ✓ You need to go to the Emergency Room or call 9-1-1 immediately!



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Every Day
 □ I will weigh myself first thing in the morning. □ I will eat low sodium (salt) foods. □ I will take my phosphate binders as recommended by my dialysis team. □ I will continue to follow my renal diet and fluid restriction as recommended by my dialysis team.
 □ I will continue to monitor and keep my dialysis access clean and dry. □ I will brush my teeth two times daily to decrease oral bacteria. □ If I have diabetes, I will check my blood sugar as ordered by my doctor.
 ☐ I should not smoke and should avoid secondhand smoke. ☐ I will take my medications. ☐ I will keep all of my medical appointments.

