

# Dietary Guidelines for End Stage Renal Disease (ESRD) Residents

Jen Rullo, BS, ASN, RN  
Janielle Finch, RN, MSN  
Kari Davis, RD  
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# Objectives

By the end of today's presentation, attendees will be able to:

- Understand the nutritional needs of a resident with an ESRD diagnosis.
- Learn about resident rights in LTC
- Understand fluid management and the importance of weight.
- Discuss the importance of medication management to for a person with ESRD.
- Review desirable and appropriate menu choices for LTC residents.

# The “BIG 5”

What You Need to Know About the Nutritional  
Needs of Long-Term Care (LTC) Residents  
Receiving Dialysis

# What is Dialysis?

Dialysis is:

- A treatment, not a cure.
- A treatment that filters and purifies the blood using a machine.
  - This keeps fluids and electrolytes in balance when the kidneys no longer function.
- Prescribed when ESRD is diagnosed and kidneys are performing at only 10-15 percent of normal function.

# Resident Rights in LTC

- Per the Centers for Medicare & Medicaid Services (CMS) guidelines, nursing home residents have the right to participate in their healthcare decisions.
- Residents must be fully informed of their medical condition and the risks of their choices and decisions



# What Does this Mean?

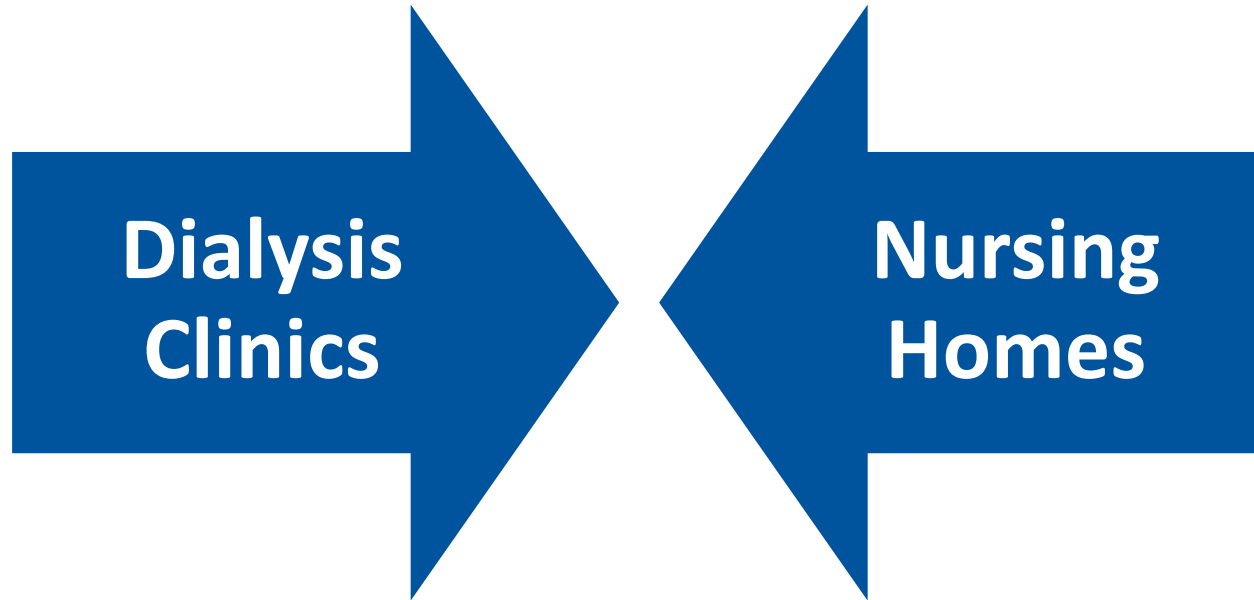
Residents have the right to:

- Choose their own diet.
- Refuse an order, including fluid restriction.
- Refuse care.

Nursing home staff:

- **Cannot:**
  - Deny a resident a food or fluid choice if, requested.
- **Can:**
  - Explain the risks of the choice.
  - Offer an alternative choice

# Risk vs. Choice



Partnership and collaboration between nursing homes and dialysis clinics is the best way to meet the dietary needs of residents with ESRD.

# Dietary Goals

When working with ESRD patients, it is important to:

- Manage their fluid intake and weight.
- Help them avoid potassium rich foods.
- Limit hidden salts and sugars in their food.
- Give phosphorus binders with food.
- Offer desirable menu alternatives.
- Understand residents have choices.





# Did you Know?



- Dialysis treatment is demanding on the body and requires increased protein and calorie consumption.
- Patients are generally unable to move one of their arms for the duration of their multiple-hour treatment.
- Movement of the arm with the fistula could lead to extensive bruising and pain if needles become dislodged.

# Preventing Missed Meals While on Dialysis

During dialysis, residents need a sack meal that:

- Is easy to manipulate with one hand.
- Maintains the daily protein and caloric needs of ESRD residents, such as:
  - A quarter meat-based sandwich.
  - Deviled or boiled eggs.
  - Meat rollups with crackers.
  - Tuna salad pocket sandwich.
  - Breakfast burritos.

# Fluid Management: What Constitutes a Fluid?

A fluid is:

- Anything intended as a drink regardless of size, shape, consistency, color and/or flavor.
- Any food that may become liquid if left at room temperature, such as:
  - Soup.
  - Jell-O®.
  - Ice cream.
  - Pudding.



# Fluid Management: How Much Fluid Should a Person With an ESRD Diagnosis Receive?

- The **textbook answer** is:  
1 liter + urinary output volume per 24 hours
- The **rule of thumb** for *most* dialysis patients:  
1–1.5 liters per 24 hours

# Fluid Management: In Nursing Homes

- Residents are educated and encouraged to follow fluid restrictions, but ultimately have the right to drink what they want.
- Nursing homes do monitor fluid restrictions for residents with ESRD but...
  - Individual consumption is difficult to monitor.
  - Staff can only track fluids that are reported or observed.



# Fluid Management: Helping Your Resident with Feelings of Thirst

If a resident with ESRD experiences thirst:

- Assist them with managing their sugar and salt intake.
- Offer sugar-free hard candy, Biotene<sup>®</sup>, frozen grapes, and/or ice chips.
- Consult your ESRD dietician for more suggestions.
  - We're here to help!



# What is Estimated Dry Weight (EDW)?

- EDW is how much a dialysis patient *should* weigh if there is no fluid retention due to renal failure.
- An ESRD patient's EDW is his/her ideal weight to maintain for appropriate fluid management.
- Dietary intake causes fluctuation in the EDW.



# Dialysis Weight vs. LTC Weight

## Dialysis Weight:

- Is referred to as Estimated Dry Weight
- Is determined by clinics when patients *both*:
  - Arrive for treatment.
  - Complete treatment.
- Indicates fluid retention since a patient's last treatment.
- Is done in kilograms.
  - 1 kilogram = 1 liter of fluid

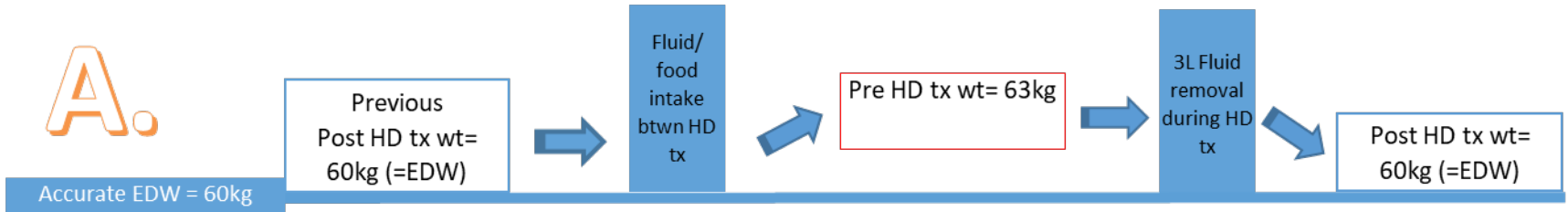
## LTC Weight:

- Is done for residents weekly.
- Is measured in pounds not kilograms.
- Is monitored (weight loss) based on percentage of weight, not EDW.
  - A 5 percent weight loss will spark interventions, e.g., a:
    - Liquid supplement.
    - Snack food.

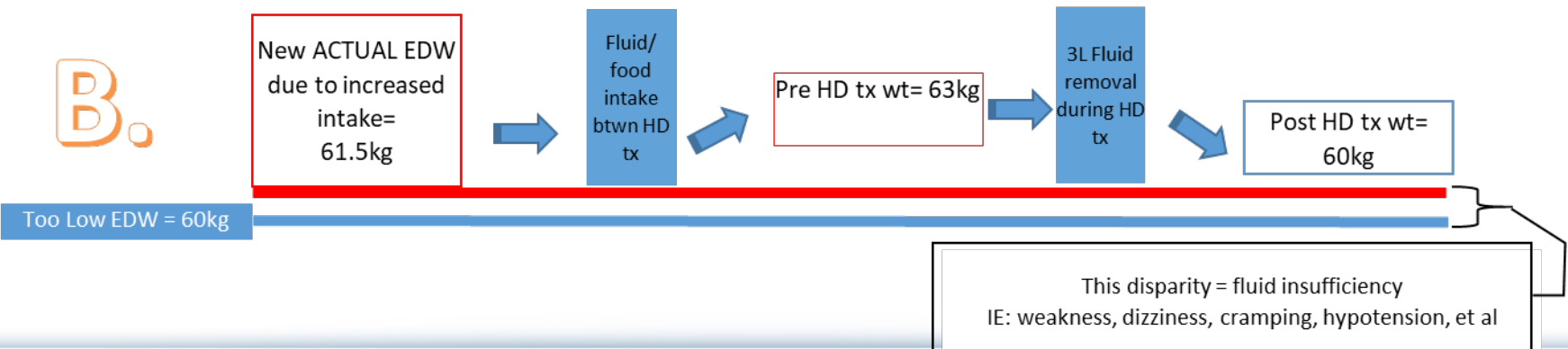


# A Dialysis Weight Story

On December 1st, Sally has an **accurate** EDW = 60kg

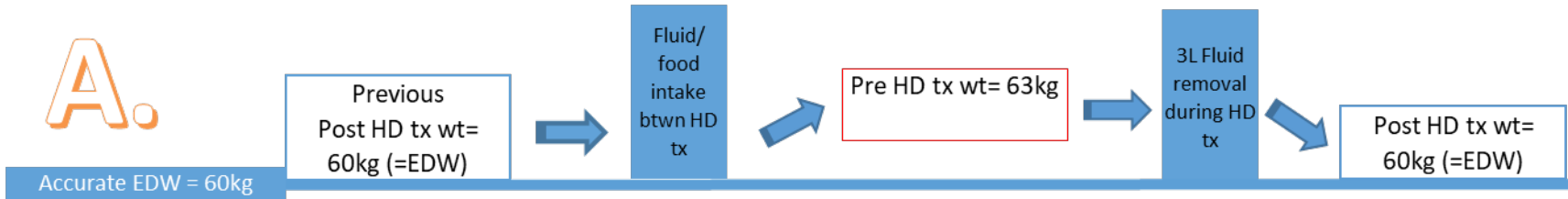


Throughout December, Sally enjoys LOTS of goodies and she gained actual, solid weight

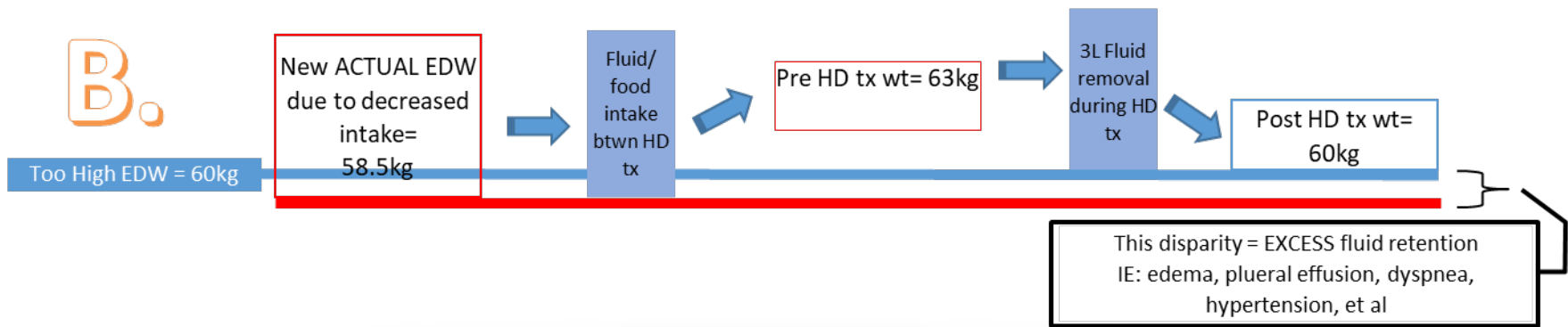


# A Dialysis Weight Story (cont.)

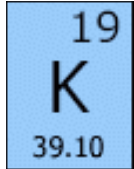
Sally's roommate, Marg, is also on dialysis



Marg lost solid weight during a hospitalization in December



# What is Hyperkalemia?



## Hyperkalemia:

- Is too much potassium in the blood, often as the result of kidney failure.
- Is extremely dangerous/potentially deadly.
- Can lead to cardiac events such as:
  - Irregular heart rate.
  - Heart attack.
- Increases risk for falls due to flaccid muscles in the legs.



# Recognizing the Signs of Hyperkalemia

Notable signs and symptoms of hyperkalemia include:

- Numbness or tingling in the lips and/or extremities.
- Difficulty standing.
- Loss of grip strength.
- Abnormal heartbeats on auscultation.
- Nausea.



# Managing Potassium: Foods to be Avoided or Limited

High potassium foods that should be avoided or limited to one bite include:

- Bananas
- Naval oranges, orange juice
  - Clementines in moderation are okay.
- Avocado
- Melon
- Potatoes
  - All kinds, all forms!
- Tomatoes
  - All forms—cooked or raw!




# Managing Potassium: What Can Your ESRD Residents Eat?!

- Plenty of delicious foods!
- Work with your ESRD dietician for dialysis-friendly menu options.
- We're here to help!

# Desirable Menu Options: LTCs Get a Bad Rap

Dialysis clinics often hear that ESRD- appropriate alternatives in LTCs aren't desirable.



I don't want a cold sandwich when everyone else is eating spaghetti with red sauce...

# Desirable Menu Options: Keep the Preferences of the Resident in Mind

Residents with an ESRD diagnosis like to eat well, too. Consider:

- Their preferences when developing menu options, while maintaining clinically-appropriate levels of protein and calories.
- Offering an ESRD-appropriate alternate menu that includes hot alternatives at all meals.





# Phosphorus: A Serious Risk

- Phosphorus poses a danger for residents with an ESRD diagnosis.
- Too much phosphorus can cause:
  - Short-term:
    - Itching, skin rash and/or red eyes.
  - Long-term:
    - Bone and/or joint pain with increased potential for fracture.
    - Vascular calcification with increased risk of stroke.



# The Importance of Phosphorus Binders

- Residents on dialysis should receive phosphorus binders:
  - *Always*, at the BEGINNING of any meal
  - *Sometimes*, with snacks.
- Phosphorous binders “lock-on” to the phosphorus that is released during the digestion of food.
- The pill(s) MUST be given ***concurrently*** with food intake for phosphorus binding to occur.



# Medication Administration in LTCs: Potential Obstacles to Properly-Timed Dosing

- Nurses often pass medications for 20+ residents.
- Many nursing homes have “open med pass.”
  - A four hour window to provide medication.
- There is limited expertise among LTC nurses regarding dialysis and how timing affects health/medication outcomes.



# Best Practices to Take Away

- Nursing homes must honor resident rights, including refusal of recommended diet.
- Work with you registered dietician to create acceptable menu alternatives.
- Fluid and weight management is critical for ESRD patients' wellbeing.
- “Open med pass” may be contraindicated for some ESRD medications.

# Resources

- RenalRD Listserve

<http://www.mailman.srv.ualberta.ca/mailman/listinfo/renalrd>

- Resources From the National Kidney Foundation

- Cookbooks for Kidney Patients

<https://www.kidney.org/atoz/content/list-cookbooks-kidney-patients>

- Food Safety is a Must

<https://www.kidney.org/atoz/content/foodsafety>

- Dining Out With Confidence

<https://www.kidney.org/atoz/content/diningout>

- Dietary Guidelines for Adults Starting on Hemodialysis

[https://www.kidney.org/atoz/content/dietary\\_hemodialysis](https://www.kidney.org/atoz/content/dietary_hemodialysis)

# Resources (cont.)

- Nutrition and Hemodialysis  
<https://www.kidney.org/atoz/content/nutrihemo>
- Potassium and Your CKD Diet  
<https://www.kidney.org/atoz/content/potassium>
- Phosphorus and Your CKD Diet:  
How to Spice Up Your Cooking  
<https://www.kidney.org/atoz/content/phosphorus>
- Sodium and Your CKD Diet:  
How to Spice Up Your Cooking  
<https://www.kidney.org/atoz/content/sodiumckd>

# Thank you!

Vicki Brantley

*Executive Director*

ESRD Network 15, HSAG

720.697.7919

Elizabeth Schulte-Mullins

*Program Specialist, Telligen*

Elizabeth.Schulte@area-d.hcqis.org