

APPENDIX 6. DOs and DON'Ts FOR DIALYSIS AND RENAL TRANSPLANT PATIENTS

	Dialysis Patients	Renal Transplant Patients
Diet	Increase protein intake Decrease potassium, phosphate intake Limit fluids	Increase protein intake Limit sodium, sugar, fat intake
Medication	Avoid morphine and codeine. Reduce doses of SSRIs (e.g., sertraline) Avoid vitamin A supplements (fat soluble vitamins not removed by dialysis)	Avoid nephrotoxic drugs and other noxious agents (Appendix 4) Be alert to medications that interact with immunosuppressive drugs
Associated Risks & Comorbidities	<ul style="list-style-type: none"> • anemia • renal osteodystrophy • pruritus • arrhythmia • amyloidosis • insomnia (due to aching in legs) • cardiovascular disease • infection at venous access site • peritonitis (from peritoneal dialysis) 	<ul style="list-style-type: none"> • infections • malignancies • cardiovascular disease • osteoporosis • kidney rejection
Preventive Care	<p>Monitor potassium levels.</p> <p>Keep immunizations up to date, particularly in patients who may be candidates for transplantation.</p> <p>Assess/treat patient for depression/anxiety (which can arise when faced with dialysis).</p> <p>Testing for renal osteodystrophy and follow-up if results abnormal.</p> <p>Control BP and lipid levels.</p> <p>Advise</p> <ul style="list-style-type: none"> • smoking cessation • maintenance of healthy weight • regular exercise—exercise during dialysis is safe in the informed patient (may be the ideal time as patients are not under the cardiac strain of fluid overload) • avoidance of alcohol <p>If travelling, patients may be able to access dialysis centres in other places.</p>	<p>A persistent fever may indicate an opportunistic infection (e.g., <i>P carinii</i> pneumonia) and must be thoroughly evaluated.</p> <p>Screen annually for breast, cervical, prostate, colorectal and skin cancer.</p> <p>Control BP and lipid levels, and advise healthy lifestyle—smoking cessation, maintenance of healthy weight, regular exercise, etc.</p> <p>Monitor bone and mineral metabolism and take preventive measures.</p> <p>Keep immunizations up to date:</p> <ul style="list-style-type: none"> • Live vaccines appear to be safe, although inactivated polio vaccine may be used for transplant patients and their families • Efficacy of vaccines may be lower in patients (due to immunosuppressed condition). If not done prior to transplantation, delay vaccines until at least 6 months afterwards. • Recommend vaccination and prophylactic antibiotics before travelling overseas <p>Dental prophylaxis is indicated before routine dental care.</p> <p>Gingival overgrowth is associated with the use of cyclosporin—intensive dental care may be required, although an alternative immunosuppressant (tacrolimus) may be used.</p>

Sources:

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