



## HIGHLIGHTS


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## PATIENT TO PATIENT... A NEWSLETTER SERIES FOR THE AAKP PATIENT PLAN



# THE AAKP PATIENT PLAN<sup>®</sup> AND YOUR INVOLVEMENT

 *A Friendly Note: Throughout the newsletter, you'll be reading my comments in each article. I'll help guide you through each stage of the program as we address several issues important to kidney patients.*

It wasn't too long ago that I was in the same position you're in now. I remember receiving the diagnosis of end-stage renal disease (ESRD). I wasn't sure what to do next. There's an organization that is ready to provide you with a "road map" to help you successfully navigate your journey with ESRD. The American Association of Kidney Patients (AAKP) has created a program called the AAKP Patient Plan<sup>®</sup>. This complimentary newsletter is one component of that program. Throughout your care, AAKP will provide you with the information and education you need to manage your healthcare. AAKP has many resources available to you, but first let's begin with an explanation of the AAKP Patient Plan<sup>®</sup>.

Thirty years ago, AAKP was founded by six hemodialysis patients at Kings County Hospital in Brooklyn. During this time,

hemodialysis was an experimental process that lasted 12-18 hours per treatment. The Medicare ESRD Program did not exist (thereby covering the cost of the treatment), and not everyone had access to this developing form of treatment. The six patients decided a national patient organization, representing the concerns and interests of dialysis patients, was needed. Together, the group brainstormed, dreamed and eventually formed AAKP.

Originally, the organization was called the National Association of Patients on Hemodialysis (NAPH), it later changed to AAKP. One of AAKP's first national accomplishments occurred in 1972, when one of its members testified in front of the House Ways and Means Committee while dialyzing. It was a successful effort to get Medicare coverage for ESRD patients. Since that time, the Association has continued to represent the concerns and interests of all kidney patients.

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The AAKP Patient Plan<sup>®</sup> was created in 1999, as the Association celebrated its 30th anniversary. This program identified the different phases of care for renal patients and developed material to address the specific issues, which typically occur during the different phases. The different phases are as follows:

1. **Diagnosis to Treatment Choice**
2. Access and Initiation
3. Stabilization
4. Ongoing Treatment

This newsletter is part of Phase 1: Diagnosis to Treatment Choice. It includes a book of educational material and a checklist. There's also a postage-paid return card for when you are ready to receive the information in Phase 2: Access and Initiation. Both AAKP and I suggest you take your time when reading this material. I know it sometimes took me awhile to absorb the variety of information I received when I was first diagnosed. There are a lot of issues to consider, such as your treatment choice and how your family will be affected by it. For that reason, page 12 of this newsletter is a great place to write down any questions you have about the information found in this newsletter or the accompanying book. Take your list of questions to a member of your healthcare team. I still write down my questions for my healthcare team. Also, AAKP has done a great job at highlighting tricky terminology throughout this newsletter. You'll find a glossary on page 11, which may also answer some questions you have regarding medical terms.

You are not on this journey alone. Together, you and your healthcare team can work to ensure your quality of life and quality of health.

You'll be hearing from me again as you progress through the different phases of care. 🌐



## WHAT IS END-STAGE RENAL DISEASE?

Kidneys are one of the body's cleaning systems. Like a water filter cleans water, the kidneys filter out the wastes, or toxins, from the blood. These toxins, as well as excess fluid, are stored in the bladder and removed from the body as urine.

Besides removing toxins and fluid, the kidneys maintain important chemical balances (such as calcium, phosphorus and potassium) and produce several hormones. The hormones regulate bone minerals, blood pressure and red blood cell production.


Sometimes, an infection or injury can cause the kidneys to fail without warning. This is called **acute renal failure**. "Renal" means relating to the kidneys. Acute renal failure may be reversible and the kidneys may start working again.

Other forms of kidney disease can cause the kidneys to fail permanently. This is called **chronic renal failure (CRF)**. When only 10 to 15 percent of kidney function is left, patients have kidney failure or **end-stage renal disease (ESRD)**. At this point, a substitute for the damaged kidneys is needed to maintain life. This substitute is either dialysis or kidney transplantation. 🌐

*(New Life, New Hope: A Book for Families & Friends of Renal Patients, ©1997 Amgen, Inc.)*



## A DETERMINED SPIRIT IS NOT EASILY BROKEN

 *A Friendly Note: When I was diagnosed with kidney disease, I had some time to get used to the idea of eventually needing either dialysis or a transplant. It doesn't always happen that way. Bonny Wilburn didn't have much time to prepare for his renal failure, yet he has maintained an outgoing and positive attitude. I admire Bonny for his strength and I hope his story will inspire you too.*

At first, he attributed it to a long, hot, summer ride in a cramped pick-up truck. But, a few days later, when the swollen legs and ankles persisted, his wife knew it had to be something else. A trip to the emergency room diagnosed his condition as end-stage renal disease (ESRD). The next morning, Bonny Wilburn was experiencing his first dialysis treatment.

It was more than 10 years ago when the doctors confirmed that Bonny's high blood pressure contributed to his kidney failure. Bonny was unaware his kidneys were failing and, when it was discovered, the kidneys had already failed. The suddenness of the diagnosis left little time to understand or prepare for the need of dialysis.

"It was hard for me to accept the news that I had kidney failure. In the beginning, I did not understand the function of the kidney," said Bonny. "No one really told me what to expect or how to cope, but I knew there would be changes in my life."

Bonny was first placed on **hemodialysis**. After a short period of time and a demanding work schedule, he switched to **continuous ambulatory peritoneal dialysis (CAPD)**. As a data processing manager for a local bank, he hoped CAPD would afford him more control of his healthcare, as well as less time needed away from his job. After only nine months, Bonny was back in a hemodialysis unit because of complications with his peritoneal **catheter**.

Bonny then decided to have a transplant. He enjoyed the freedom his new kidney gave him. Within 18 months, however, his body rejected the cadaver-donated kidney and he was again in a hemodialysis unit receiving treatments three days a week.

Bonny's story is not that unusual from any other ESRD patient. Initial diagnosis of ESRD often brings with it confusion and concern. Many times, patients also experience various forms of treatment. Bonny's story is an important one to tell because of what happened to Bonny after he accepted his kidney failure and the way he has allowed it to change his life.

It took some time, but after a lot of praying and crying, Bonny learned to come to grips with his disease. As a result, he became involved in his healthcare and the renal community.

"I realized there were people out there whose circumstances were worse than mine," said Bonny. "I looked around and they were coping with life and I told myself if they can do it, why can't I? The first step I took was to educate myself on kidney failure and what goes along with the disease."

Every Monday, Wednesday and Friday, Bonny wakes at 5:30 a.m. to go to his dialysis unit. No matter what type of day it is outside, Bonny makes a point to wake up with a smile on his face.

By 6:15 a.m., Bonny is walking into the dialysis unit. His cheerful voice and abounding positive energy are hard to miss or ignore. His hearty laugh and insight into life's challenges keep a smile on many patients' faces.

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“Life is so sweet and beautiful, I look forward to having my treatments. This will enable me to go out and face each new day,” said Bonny. “I try to inspire other patients to enjoy every minute, every hour of the day and be thankful to the good Lord for His sweet blessing.”

After about four hours at the dialysis unit and not rushing to disconnect early, Bonny heads out to meet a new day. He has made it a habit not to go directly home. Instead, he might be found in his garden planting tomatoes or okra, which are a neighborhood favorite. On sunny days it is not unusual to catch Bonny relaxing on a river bank, patiently holding a fishing rod waiting for a nibble.

Bonny also makes sure to keep himself busy on non-dialysis days. The bank where he worked for several years closed. This provided him an opportunity to spend time giving something back to his community. He is using his Bachelor of Science degree in physical education and his minor in history to achieve just that. On Tuesdays and Thursdays, Bonny spends his extra time as a substitute teacher for area elementary schools.

Bonny remains active in the renal community as the former president of the AAKP Lone Star Chapter, and in 1996 he served on the Texas Department of Kidney Health Advisory Committee. Bonny is also a member of the AAKP National Board of Directors and a team member for the AAKP Patient Plan<sup>®</sup>. In 2003, Bonny was honored with the AAKP President’s Award.

Bonny admits that when his kidneys failed he was scared like so many other ESRD patients, but his determination, zest for life and support of his family helped to get him where he is today.

“Now I have a great outlook on life. But my greatest goal is for every dialysis patient to be happy and enjoy the greatest gift of all, and that’s life,” said Bonny. 🌍



*Although Bonny Wilburn has since passed away, his strength, humor and determination continue to live. This article shows you can still live a long, happy life with kidney failure. Continue doing the things that bring you happiness in order to live your life to the fullest.*



# MEETING YOUR HEALTHCARE TEAM



*A Friendly Note: Do you want to stay healthy? I know it's a direct question, but it's an important one. I learned early on that the key to success with kidney failure is knowing the members of my healthcare team and working with them to ensure my well-being. There are several members of this team and you are the most important member. Take the time to learn everyone's role, including your own.*

The diagnosis of ESRD has introduced new issues and concerns related to you, your family and your health. You are bound to have a variety of questions, yet there may still be some confusion as to where to find the answers. Your ESRD healthcare team is comprised of numerous members. It is important to understand each person's role in your well-being. You are a vital part of this healthcare team. As a member of this team, your first step is to meet the other members and learn from their expertise.

## *Nephrologist*

The nephrologist is the physician who diagnosed your renal failure. Nephrology is the study of the kidney. He or she, working with other members of your dialysis team, develops a dialysis treatment prescription to meet your health needs. The nephrologist continues to monitor your health through visits at the dialysis center or at his or her office. The nephrologist can also meet with your family members to explain kidney failure and the dialysis process, and answer questions your family may have.

## *Nurse*

Medicare regulations require that a licensed health professional (doctor, registered nurse or licensed practical nurse) must be in the unit and on duty while patients are on hemodialysis. Depending upon the dialysis unit, the nurse may perform the dialysis treatment, or will supervise while a technician performs the treatment. The nurse may provide patient education at the dialysis unit. This includes treatment options for newly diagnosed patients, family education, and, in some cases, training for home dialysis. A registered nurse is an excellent resource for answering your questions or the questions of your family members.

## *Technician*

A technician assists with the dialysis process. If a dialysis unit uses a patient care technician, he or she may assist with putting the patient on and taking the patient off the dialysis machine. The technician also monitors vital signs during the treatment and can sometimes answer basic questions regarding the dialysis process.

## *Dietitian*

The dietitian guides you with your new diet. The fluid and food restrictions may be the most difficult adjustment for patients and family members. The dietitian can recommend cookbooks for the renal diet and can offer tips on preparing a healthy and delicious meal.

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### *Social Worker*

Often times, one of the first team members after the physician who you will meet is the social worker. One of the most important services of a social worker is helping you and those who love you regain control. The social worker will assist you with education and resources in areas such as family support, insurance, transportation issues, rehabilitation and other topics.

### *Other Members*

Other members of the healthcare team may include the surgeon to place the dialysis access or peritoneal catheter, a transplant surgeon and transplant team, a vocational rehabilitation counselor, a physical therapist and a pharmacist.

There are many components to the healthcare team. However, the most important player is you. An educated patient who properly utilizes the resources available is better prepared to achieve lifelong success as an ESRD patient.

### **Talking to Your Physician**

As a newly diagnosed patient, you will want to take the time to learn about kidney failure, its treatment options and medical terminology. One other area in which you should focus your efforts is communicating with your physician. You will require dialysis or have a transplant for the rest of your life. Therefore, it is in your best interest to effectively communicate with your physician from the start.

Here are a few suggestions to help you discuss your health with your physician.


1. Start out by asking the doctor to name a convenient time to discuss your concerns rather than trying to catch him or her on rounds or on the run. That visit might be in the doctor's office or during dialysis rounds. Determine how much privacy you want for the discussion.

2. Once you and your doctor have agreed on a time and place to talk, you should plan ahead. Write down questions you have as you think of them. It is easy to forget what you wanted to say when you start talking to the doctor. If you find that your doctor's language is too technical for you to understand clearly, you can tell him or her. However, it is in your best interest to begin to learn more about your disease and its terminology. It is important to know what such terms as **hematocrit**, **BUN** and **creatinine** mean. You should learn how the adequacy of your dialysis treatment is measured and whether you are getting enough, or what are the side effects of the transplant or blood pressure medications.
3. If you have one or more physical problems you want to discuss with your doctor, try to be as specific as possible in describing what is wrong. Vague complaints are difficult for a busy doctor. "I don't feel good," or "I'm dizzy," do not provide much information. The patient who can add detail, "I'm dizzy when I sit or stand up quickly, but OK when lying down," is more likely to attract a discussion of the problem. Making a diagnosis from an imprecise history requires more extensive questioning and thinking on the doctor's part, and you will have less time to talk about everything that is bothering you. So think ahead. Plan to discuss the problem keeping in mind, when, where, under what circumstances you have a particular problem, what makes it better, what makes it worse, what you think is causing it, or what you have done to make it go away.

It is important for you to play an active role in your healthcare. No one else can be as intimately aware of your condition and the challenges of therapy as you can. Therefore, try to use the suggestions given here. Be persistent if you do not get an answer. Seek opinions of others if you feel you are being ignored. It is your life. 🌐

*Written by the late A. Peter Lundin, MD. Dr. Lundin was a nephrologist at State University of New York, Health Science Center in Brooklyn. An ESRD patient, he was a past president of AAKP and a member of the AAKP Medical Advisory Board.*

# DIET FOR THE PREDIALYSIS PATIENT

 *A Friendly Note: The changes in your diet may seem difficult to you right now, but let me assure you it's possible to maintain the dietary requirements. Working with my dietitian, my family and I were able to adapt to the changes in my eating habits. I watch my sodium, potassium and phosphorus levels. I also watch what I order when I eat out at restaurants. I won't lie to you, it was difficult at first, but it's necessary and my health is worth it.*

Much research has been done to determine if low protein diets will help delay the progression of kidney disease. The results are not certain. However, strict blood pressure control (120/70) and a low protein diet can help in some types of kidney disease. The watchful eye of a dietitian is very important because predialysis patients may become malnourished.

The main purpose of routine follow-up is to ensure a successful outcome. Do not expect to have good luck following a special diet without seeing the renal dietitian frequently.

The amount of protein allowed in the diet is dependent upon your size. You would be allowed 0.6 grams of protein per kilogram of desired body weight. If you weigh 154 pounds, that is 70 kilograms (2.2 pounds = 1 kilogram), you are allowed 70 multiplied by 0.6, or 42 grams, of protein a day. The secret of the diet is **THE SIZE OF THE PORTION.**

The sample menu of this diet will show you where the protein is found in the diet. There are small amounts of protein in fruits, juices and non-dairy products. To make matters easier, the sample menu did not count that protein in the daily allowance.

There is no guarantee that a low protein diet will delay the progression of kidney failure.


To receive further dietary information, please contact the AAKP National Office at (800) 749-2257.



<b>Protein</b>		<b>Breakfast</b>	
2 grams		4 ounces orange juice. 1/2 cup puffed rice with Polyrich as desired, sugar as desired.	
2 grams		1 slice white toast or 1/2 English muffin. Unsalted margarine and jelly as desired. Coffee or tea with Coffeemate or Polyrich as desired.	
		<b>Snack</b>	
2 grams		4 fresh strawberries and Cool Whip®. 1" slice angel cake. Coffee with sugar and Cremora®.	
		<b>Lunch</b>	
4 grams		2 slices bread, regular mayonnaise as desired.	
7 grams		1 ounce chicken (weigh after cooking without skin and bone). Lettuce with onions and cucumbers as desired. Oil and vinegar or special recipe for creamy garlic dressing*.	
2 grams		1 small tomato sliced. 1/2 cup fruit cocktail in heavy syrup. Sprite® or iced tea with sugar and lemon.	
		<b>Snack (small)</b>	
		Baked apple with honey. Mints or gum drops (brush teeth).	
		<b>Dinner</b>	
14 grams		2 ounces steak (weigh after cooking and without bone). You may sauté or fry in allowed oils or unsalted margarine.	
4 grams		A medium baked potato (1 cup). Unsalted margarine as desired.	
2 grams		1/2 cup canned corn (rinse and drain).	
2 grams		Small blueberry muffin. Unsalted margarine. Romaine salad with scallions. Wine vinegar and oil dressing. Cranberry juice, 7-Up® or Hawaiian Punch®.	
		<b>Snack</b>	
		1/2 cup applesauce. Lemonade.	
<b>Total: 41 grams protein</b>			

*You are allowed to use 1/2 teaspoon of salt per day. Please use generous amounts of allowed oils or unsalted margarine. Please use additional sugars and sweets allowed if your weight is below desired weight (your dietitian will advise you). Always weigh meat or equivalent after cooking without bone or shell.*

**\*Creamy Garlic Dressing**

**Ingredients:** 2/3 cup oil, such as corn oil and olive oil; 1/3 cup vinegar, such as garlic, cider, wine or tarragon; 1 or 2 cloves garlic, peeled and chopped; 1 teaspoon Dijon Grey Poupon® Mustard; ground black pepper. **Preparation:** Combine ingredients in a blender for about 30 seconds. **Analysis per one cup:** 1,282 calories, 0.3 grams protein, 16 milligrams phosphorus, 35 milligrams sodium, 100 milligrams potassium. 



**AAKP EXISTS**  
*to serve the needs  
and interests of kidney  
patients and their  
families.*

**MEMBERSHIP**

**MEMBERSHIP APPLICATION**

I am not interested in membership at this time; however, I would like to receive a complimentary package of information.

To join AAKP, complete this form and send it with your payment to:  
AMERICAN ASSOCIATION OF KIDNEY PATIENTS  
3505 E. FRONTAGE RD., SUITE 315  
TAMPA, FLORIDA 33607-1796

**Membership Information:**

Name:   
Address:   
City:  State:   
Zip:

- Transplant     Hemodialysis     CAPD
- CCPD     Family Member     Pre-ESRD
- Other \_\_\_\_\_

***I am already a member of AAKP, but I would like to make a donation of \$***

**Indicate your AAKP membership category below:**

- Patient/Family Member (\$25)
- Professional Member (\$35)
- Sustaining Member (\$100)
- Institutional Member (\$150)
- Life Member (\$1,000)
- Check Enclosed (payable to AAKP)
- Please charge my credit card:
  - Visa     MasterCard     AmEx     Discover

Account Number   
Expiration Date   
Signature

*Founded in 1969, AAKP continues to be the only organization directed by kidney patients, for kidney patients. AAKP is devoted to the interests and concerns of people with kidney disease.*

*As a member, you will meet people with similar experiences. You will learn about kidney disease, how to control it and who to turn to for help. In other words, we are here to help you with the answers and guidance you need to live a full and productive life.*

**HOW YOU CAN JOIN AAKP**

Patient/family membership in AAKP is \$25 annually. Professional membership is \$35 per year. Please call AAKP at (813) 636-8100 for international rates. To join, just fill out the membership application form and send it with your payment to AAKP. For immediate membership, call (800) 749-AAKP. Please have your credit card information ready.

**HOW AAKP HELPS YOU**

- AAKP offers you the following benefits:
- Subscription to AAKP's magazines, *aakpRENALIFE* and *Kidney Beginnings: The Magazine*.
  - An opportunity to subscribe to *AAKP Renal Flash*, *Kidney Beginnings: The Electronic Newsletter*, *Kidney Transplant Today* and *AAKP Public Policy Briefing*, Internet newsletters transmitted monthly.
  - A Web site ([www.aakp.org](http://www.aakp.org)) displaying useful healthcare information and providing links to other renal-related sites.
  - A membership packet filled with a wide range of informational brochures on issues affecting the care and treatment of kidney patients.
  - An opportunity to attend our Annual Convention, a three-day event featuring seminars addressing treatment options, rehabilitation, and psychological and social concerns of renal disease patients.
  - Local AAKP Chapters (where available) that provide social and educational support to you and your family with meetings, newsletters and group activities.
  - Special interest brochures that address current medical issues.
  - Assurance that AAKP is representing your interests by defending the Medicare ESRD Program.

Please cut along dotted line.



# AAKP RESOURCES



## ***aakpRENALIFE***

This patient magazine is produced six times a year. It contains information for those who are experiencing kidney failure. Topics featured include dialysis, transplantation, medical questions and dietary concerns.

## ***Kidney Beginnings: The Magazine***

AAKP's magazine for those with chronic kidney disease (CKD). It features information on the kidneys, answers to common questions about CKD and stories from patients who have adjusted to living with kidney disease. It is published four times a year and subscriptions are free.

## ***AAKP Renal Flash***

The second Wednesday of each month, AAKP transmits this electronic newsletter via the Internet. It provides valuable information to patients, family members and professionals about living with kidney disease and AAKP's activities.

## ***Kidney Transplant Today***

Transmitted the first Tuesday of each month, this electronic newsletter is devoted to those interested in learning about kidney transplantation or have already received a transplant. It features news on transplants, advances in medications, research, programs and materials about kidney transplants and much more.

## ***Kidney Beginnings: The Electronic Newsletter***

The first Thursday of each month, AAKP transmits this newsletter for those recently diagnosed with kidney disease or approaching kidney failure. It features news on kidney disease, treatments, research, programs, materials and more.

## ***AAKP Public Policy Briefing***

Transmitted the last Monday of each month, this electronic newsletter is devoted to those interested in public policy and news that affects kidney patients. It features legislative information, public policy issues and much more.

## ***www.aakp.org***

AAKP's Web site displays several of its materials and brochures. The site is also linked to more than 400 sites, allowing for easy access to topics of interest for renal patients. The AAKP Web site address is [www.aakp.org](http://www.aakp.org).

## ***AAKP Hemodialysis Advisory***

This brochure discusses the importance of enough dialysis, how to calculate URR and Kt/V, the importance of proper nutrition, how blood should be drawn and questions patients should ask their doctor about their dialysis.

## ***AAKP Peritoneal Dialysis Advisory***

This brochure, similar to the Hemodialysis Advisory, discusses the importance of enough dialysis, the significance of proper nutrition, how often the residual function and peritoneal membrane functions should be measured, benefits of a well functioning catheter and questions patients should ask their doctor about their dialysis.

## ***Understanding Your Hemodialysis Access Options***

This 16-page brochure outlines the various access devices available for patients on hemodialysis. The brochure offers a brief description of arteriovenous fistulas, grafts, catheters and subcutaneous access devices as well as the benefits and drawbacks of each. The brochure also includes a brief section on how to properly care for each kind of access device.

## ***Understanding Your Hemodialysis Options***

This 16-page brochure provides a description of hemodialysis as well as an in-depth explanation of the available hemodialysis treatments, including conventional, short daily and nocturnal. Readers will learn about home and in-center treatment for each option. This brochure offers a detailed explanation of the various physical, emotional and social aspects associated with each treatment. In addition, it includes the benefits and drawbacks for the various treatment options.

## ***The Iron Story***

This brochure discusses the importance of intravenous (IV) iron usage in addition to epoetin alpha to keep your blood count high and prevent anemia.

## ***AAKP Nutrition Counter: A Reference For The Kidney Patient***

Included in the 24-page, pocket-sized brochure are nutritional values for more than 300 commonly used foods, as well as menu items from 11 fast food restaurants. Nutritional values include protein, calorie, sodium, potassium and phosphorus levels.

*AAKP has numerous past articles of our magazines available. They address topics such as diet, transplantation, social issues and family matters. Please call the AAKP National Office at (800) 749-2257 or e-mail [info@aaqp.org](mailto:info@aaqp.org) to request a complimentary copy of any of our brochures or articles, or inquire about a specific topic of interest. AAKP's Web site ([www.aakp.org](http://www.aakp.org)) also displays useful information for the renal patient.*



# GLOSSARY



## **Acute Renal Failure:**

Kidney failure that occurs suddenly, possibly due to an accident or trauma. Unlike chronic renal failure, acute renal failure can be reversed.

## **Blood Urea Nitrogen (BUN):**

BUN levels demonstrate how well dialysis is removing wastes from the blood.

## **Catheter:**

A surgically inserted tubing required for peritoneal dialysis. The catheter is placed in the abdominal area. It allows for dialysate (solution used in peritoneal dialysis) to be placed in and removed from the peritoneal cavity.

## **Chronic Kidney Disease (CKD):**

A progressive condition, not requiring dialysis, in which the kidneys are not functioning effectively and may be unable to produce red blood cells, to control blood pressure or to rid the body of waste through urination.

## **Continuous Ambulatory Peritoneal Dialysis (CAPD):**

Exchanges are performed throughout the day using a system of tubing and bags. The dialysate is exchanged from the bag to the abdominal cavity using gravity.

## **Creatinine:**

A substance produced by the muscles and used to detect kidney failure. Normal ranges are 0.3-0.7 mg/dL in birth to three years old, 0.5-1.0mg/dL in children 3-18 years old and 0.6-1.3 mg/dL in adults.

## **Chronic Renal Failure (CRF):**

Condition when the kidneys fail permanently. The non-working kidneys cannot function again as in acute renal failure.

## **End-Stage Renal Disease (ESRD):**

Also referred to as chronic kidney failure. ESRD occurs when only 10-15 percent of kidney function remains and a treatment option, such as dialysis or transplantation, is necessary to sustain life.

## **Hematocrit:**

The amount of red blood cells. The target range for ESRD patients is 33-36 percent.

## **Hemodialysis:**

A treatment process that cleanses the blood using a filter called a dialyzer.

# QUESTIONS TO ASK MY HEALTHCARE TEAM

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