

ESRD NETWORK 13

4200 Perimeter Center Drive, Ste 102
 Oklahoma City, OK 73112-2314
 (405) 942-6000
www.network13.org



KIDNEY CONCERNS

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Fight Flu and Pneumonia

Influenza, also called the “flu,” is a highly contagious respiratory infection. Flu can cause fever, chills, headache, dry cough, runny or stuffy nose, sore throat, and muscle aches. Unlike other common respiratory infections such as the common cold, influenza can cause extreme fatigue lasting several days to more than a week. Although nausea, vomiting and diarrhea can sometimes accompany influenza infection, especially in children, gastrointestinal symptoms are rarely prominent. The illness that people often call “stomach flu” is not influenza.

The “flu” is spread easily from person-to-person primarily when an infected person coughs or sneezes. After a person has been infected with the virus, symptoms usually appear within 2 to 4 days. The infection is considered often contagious for another 3 to 4 days after symptoms appear. Each year, an estimated 10 to 20 percent of the population contracts influenza.

Who should get a flu shot? We realize that there is a nationwide shortage this year, but it is important that you, as a renal patient, make every effort to get your flu shot. The following groups are at higher risk for having medical complications from influenza and should receive the flu shot:

- People 65 years of age and older;
- Residents of nursing homes and other long-term care facilities housing anyone of any age with chronic medical conditions;
- People with chronic disorders of the lungs or heart, such as asthma, emphysema, chronic bronchitis, or cystic fibrosis;
- People who are less able to fight infections because of a disease they are born with; infection with the Human Immunodeficiency Virus (HIV); treatment with drugs such as long-term steroids; and/or treatment for cancer with x-rays or drugs;
- People who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), kidney diseases and blood cell diseases such as sickle cell anemia;
- Children and teenagers 6 months to 18 years of age on long-term aspirin treatment who, if they catch influenza, could develop Reye’s Syndrome which causes coma, liver damage, and death; and
- Women who will be 6 or more months pregnant or who will have just delivered during the influenza season. In addition, to help protect high-risk people from exposure to influenza, these two groups should receive influenza vaccinations as well:
- Health care workers (doctors, nurses, hospital and medical office staff, personnel of nursing homes or chronic care facilities) in contact with people in high-risk groups
- People—including children—who live with persons in high-risk groups for flu (household contacts)



Your flu shot is free, if you are enrolled in Medicare Part B and your health care provider accepts Medicare assignment. The Medicare program covers the flu shot and the cost of administration for beneficiaries. Medicare recipients do not have to pay coinsurance or a deductible under the flu shot benefit. For HMO members, most must get their flu shot from their HMO. Check with your HMO first. For those covered under Medicaid, check first with your local social services or health department. Many private health insurance plans also cover flu vaccine.

You can get a flu shot at your doctor's office. You may also be able to get a flu shot from your dialysis unit, your local health department or from other health-care providers. Medicare Part B will pay for the shot no matter where you get it, as long as the health care provider agrees not to charge you more than Medicare pays. To find local health care providers who accept Medicare as payment in full for the flu shot, you can also contact your Medicare Carrier (Arkansas 1.800.482.5525, Louisiana 1.800.462.9666, Oklahoma 1.800.522.9079). Ask the person giving the shot if there will be any cost to you.

Here are 5 reasons why:

1. **The flu is serious business.**
2. **The flu can be very dangerous for people 65 and older.**
3. **A flu shot is safe and helps you protect others.**
4. **The flu can make you "blue."**
5. **Medicare Part B pays for it.**

Influenza is most common in the U.S. from December to April, so it's best to get the flu shot from October through mid-November. The vaccine begins to protect you after 1 to 2 weeks.

Do I need a flu shot every year? YES. Although only a few different influenza viruses circulate at any given time, people continue to become ill with the flu throughout their lives. The reason for this continuing susceptibility is that influenza viruses are continually changing. Each year the vaccine is updated to include the most current influenza virus strains.

PNEUMONIA: Some of these same groups of people should receive vaccinations and/or boosters for pneumococcal pneumonia. The groups at higher risk for invasive pneumococcal disease include those over 64 years old and others with increased susceptibility to this infection, such as patients with HIV, splenectomy, sickle cell disease, **diabetes mellitus**, chronic disorders of the lungs or heart, and cirrhosis. Ask your health care provider for further information.

You can receive this vaccination on the same day that you get the flu shot, and for those covered under Medicare Part B, it is also free when ordered by a physician. However, the pneumococcal vaccine can be given at any time of year.

Good Health Habits

How Germs Spread

The main way that illnesses like colds and flu are spread is from person-to-person in respiratory droplets of coughs and sneezes. This is called "droplet spread." This can happen when droplets from a cough or



sneeze of an infected person move through the air and are deposited on the mouth or nose of people nearby. Sometimes germs also can be spread when a person touches respiratory droplets from another person on a surface like a desk and then touches his or her own eyes, mouth or nose before washing their hands. We know that some viruses and bacteria can live 2 hours or longer on surfaces like cafeteria tables, doorknobs, and desks.

How to Stop the Spread of Germs

- **Avoid close contact.** Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.
- **Stay home when you are sick.** If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness.
- **Cover your mouth and nose.** Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick.
- **Clean your hands.** Washing your hands often will help protect you from germs.
- **Avoid touching your eyes, nose or mouth.** Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

Reference: Centers for Disease Control website www.cdc.gov - Influenza link



How To Talk To Your Doctor

By Peter McCauley, M.D., Nephrologist & Transplant Recipient

Being both a nephrologist and a former dialysis patient has been a unique experience for me. It has given me insight from two views. I do not consider these to be opposing views but instead views from a different perspective. The very first time I received hemodialysis, I was 18 years old and had no medical experience whatsoever. I tried to do what the doctor told me to do, but was never what you might call a perfect patient. Then I received a kidney transplant that changed my life in many ways. It gave me more freedom, more energy, and most of all a more normal life.

This change allowed me to complete my undergraduate, graduate, and postgraduate studies. It was during my postgraduate education that I returned to dialysis due to failure of my kidney transplant after nearly 15 years. I received my second kidney transplant one year later after a five-year wait on the list. I have now worked five years exclusively with kidney failure patients. Some, I find, are very insightful and knowledgeable of their disease and its treatment. Others like to ignore it, the treatment, the diet, and let the chips fall where they may. The great majority of patients fall in between. It is with this last group that I would like to share some personal insight.

Good communication skills of both the patient and the physician are crucial in making these brief encounters productive and at times lifesaving. It was on one of these occasions that I decided, with my nephrologist, to make the switch to PD (Peritoneal Dialysis). On another occasion, we discussed transplant listing out-of-state, which proved to be of great help to me.

Before delving into the issues that I believe all patients should be aware of, I would like to make a comment regarding physicians. Doctors are as diverse as the human race can be. Theoretically, all became physicians to practice the art and science of medicine. Like professionals in other fields, some treat it like a job, others like a vocation. There are doctors who will speak down to you and there are those who will hold a conversation with you. There are those who will zip through rounds and others who will take a great deal of time. As a physician myself, I understand both the time constraints placed on the rounding doctor, but as a patient I



know the need to communicate without feeling rushed. The doctor/patient encounter should address both needs. This is not always as easy as it might seem. I hope some of these pointers may help you, the patient, achieve this goal.

TIPS TO COMMUNICATE WITH YOUR DOCTOR

1. Try to focus on one or two issues at a time. This makes it easier for both parties to reach some type of conclusion during that particular encounter. If you have difficulty remembering problems, by all means write them down in order of importance. Tackle one or two at time. Remember that there are anywhere from ten to twenty other patients in your unit and it is difficult for a doctor to spend 30 minutes with each.
2. There are times when you will have no problems. Use these times to ask your doctor questions regarding aspects of your treatment and educate yourself. "Why do I have to take calcium?" "Why do some patients stay longer than others?" "How do you determine which kidney to give me?" Most doctors love to share their knowledge and teach.
3. You should always share new health problems. A fever, no matter how small, is very important to your doctor. A new sore on your foot or discoloration over your access may require antibiotics to be given right away. When you make your list, put these questions at the very front.
4. Let your doctor know ANY new medications you may have received. Not all doctors are aware of the need to alter the dose or frequency of certain medications when used in a patient on dialysis.
5. The nursing staff handles refills of medications in most units. Knowing this can save time in your doctor/patient encounter for more important things to discuss.
6. It is OK to complain about things that irritate you. Sometimes your doctor may be able to come up with a novel solution. Sometimes there are no answers, but at least the doctor knows where you're coming from. Bringing them up over and over, however, may lead to your doctor shutting them out. Try to remember your doctor is human, too.

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Are you thirsty or are you dry?

By: Karen Curley-Bew, MBA, MPH, RD, LDN, Independent Dialysis Services Inc. New Orleans, LA

Controlling fluid intake may be a difficult task for hemodialysis patients. Fluid control can also be confusing. Have you ever thought you were really thirsty and began to drink lots of liquids only to realize that after over consuming your fluid allowance you were still thirsty? Were you thirsty or were you dry? Dry mouth is the leading cause for over-indulging in fluids. Some of the many causes of dry mouth can be due to excessive sodium (salt) intake, certain medications, high blood sugars and anemia. Many medications are known to increase mouth dryness. Some examples are: antihypertensive drugs, such as, Clonidine (Catapres), methyldopa (Aldomet), Prazosin (Minipres), calcium carbonate (Tums, Oscal) and anticonvulsant drugs, such as Phenobarbital and Dilantin. Corticosteroids retain fluid. Read packaging inserts to know your medicine's possible side effects. Rethink long learned practices: "drink 8 glasses of water a day". Since your kidneys are no longer removing excessive fluid from your body, too much fluid becomes a danger to you.

Fluid is anything that is liquid or melts to liquid at room temperature. Many dialysis patients have fluid restrictions between 32 - 48 ounces or 1000 - 1500 cc daily. Adequate fluid gains between dialysis treatments for females are 1 - 2.5 kg or 2 - 5 lbs and males are 1 - 3.5 kg or 2 - 7lbs. Controlling your fluid intake is one of the most important things you can do while you are on dialysis. Measuring your fluid allowance is a great way to keep you aware of the amount of liquids taken in daily.



MEASUREMENTS OF FLUID:

- 1 TABLESPOON = 1/2 FLUID OUNCE = 15 cc
- 2 TABLESPOONS = 1 FLUID OUNCE = 30 cc
- 1/4 CUP = 2 FLUID OUNCES = 60 cc
- 1/2 CUP = 4 FLUID OUNCES = 120 cc

- 1 CUP = 8 FLUID OUNCES = 240 cc
- 2 CUPS = 1 PINT = 16 OUNCES = 480 cc
- 4 CUPS = 1 QUART = 32 OUNCES = 960 cc

SOURCES OF FLUID:

WATER, ICE, JUICE, TEA, COFFEE, SOFT DRINKS, ALCOHOLIC BEVERAGES, PUDDINGS, POPSICLES, SNOWBALLS, SORBETS, SHERBET, GUMBO, SOUP, YOGURT, GELATIN

Excess fluid intake can cause swelling of the face, arms, hands, legs, and feet. It can cause fluid to build around the lungs causing shortness of breath and a feeling of tiredness. High blood pressure may result from fluid build up between dialysis. Large changes in fluid gain can cause nausea, vomiting, muscle cramps, and hypertension during and after dialysis.

Tips for controlling fluid intake

- ✓ Ice lasts longer. Try ice made from lemonade or Kool-Aid™ (1 Cup of ice = 1/2 Cup of fluid)
- ✓ Salty foods make you thirsty. Avoid salty chips and snacks
- ✓ Drink cold liquids
- ✓ Add drops of lemon juice to water or ice
- ✓ Maintain good blood sugar control as directed by your physician
- ✓ Try frozen grapes, peach slices, and other canned fruits
- ✓ Use small cups or glasses and sip don't gulp
- ✓ Drink only the amount of fluid allowed
- ✓ Stay cool

Tips for relieving dry mouth

- ✓ Chew sugar free gum, hard candy, or mints. Try sour candies
- ✓ Rinse your mouth with mouthwash or water without swallowing
- ✓ Eat bread with jelly or bread with applesauce
- ✓ Suck on lemon or lime wedges

Everywhere you look... The message is "Drink". Don't obey your thirst!



Word Search

WORD LIST:

	C	O	W	U	F	J	K	O	P	U	D	D	I	N	G	
	Q	O	T	K	Z	X	V	B	P	A	W	S	M	R	S	
COFFEE	R	E	F	A	S	W	N	P	O	H	Y	I	P	K	L	
	W	E	A	F	O	R	H	O	W	N	A	S	E	K	G	POPSICLES
CUSTARD	S	A	U	C	E	S	Z	P	C	I	O	N	I	E	M	
	S	E	C	R	A	E	T	U	B	T	U	F	Y	E	C	PUDDING
HOT CEREAL	D	O	C	T	O	R	S	R	M	A	Y	J	A	M	U	
	Q	U	E	I	T	O	K	Y	C	L	I	N	G	K	S	SAUCES
GELATIN	C	O	F	F	U	T	E	S	H	E	R	B	E	T	T	
	G	E	L	A	M	J	I	U	C	G	T	P	O	E	A	SHERBET
ICE CREAM	S	P	O	U	P	U	D	H	O	T	C	U	S	T	R	
	H	O	T	C	E	R	E	A	L	P	O	P	S	I	D	SODA
ICE CUBES	S	P	I	E	U	R	O	P	M	I	L	T	E	A	M	
	I	S	E	C	A	R	E	M	S	H	I	R	B	E	T	SOUP
JUICES	O	I	S	E	C	U	A	M	E	T	A	T	A	R	D	
	T	C	U	B	Z	S	Y	I	C	E	C	R	E	A	M	SYRUP
MILK	G	L	A	T	I	N	S	L	A	M	K	L	I	T	O	
	H	E	I	Z	T	H	A	K	L	I	N	T	I	N	S	TEA
	K	S	N	I	L	K	S	Y	R	U	O	P	M	N	J	
	H	Y	T	S	O	U	P	O	P	U	D	I	N	G	Q	
	C	E	S	S	A	U	K	E	S	J	A	S	O	D	A	

Answers on page 8

7. If you are on a transplant list, ask your doctor periodically if you remain active. A mistake many patients make is assuming they were put on 'the list' the moment they arrived to the dialysis unit. In the great majority of the cases, this is not so. You can only be put on the list by direct order of your doctor. At times the dialysis staff may have missed these orders. A periodic reminder to your doctor may help him/her assure that you are active OR on a list to be seen by the transplant surgeon.

About the Author

Dr. Peter McCauley is a practicing nephrologist at Bakersfield Dialysis in Bakersfield, CA.

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Fistula First Initiative

By: Leesa Conley, RN, Network 13 QI Nurse

Why are the staff asking me about my access and encouraging me to get a fistula? What is this "Fistula First" I keep hearing about?

Vascular access is the "lifeline" for hemodialysis patients. This lifeline allows your blood to be pumped from your body, cleansed through a dialysis filter and returned to your body. The three most common types of vascular access are fistulas, grafts, and catheters. Experts agree the best access for hemodialysis is an arterio-venous (AV) fistula. An AV fistula is created when an artery and a vein are surgically joined together, usually in the forearm.

"Fistulas are the 'gold standard' for establishing access to a patient's circulatory system in order to provide life-sustaining dialysis," said Centers of Medicare & Medicaid Services (CMS) Administrator, Mark B. McClellan, MD, PhD. "They last longer, need less rework, and are associated with lower rates of infections, hospitalization and death for Medicare beneficiaries than other types of access." For these reasons, work began on a special project in July 2003 called the National Vascular Access Improvement Initiative. This initiative is known as "Fistula First."

So, what is "Fistula First"?

The goal of "Fistula First" is to increase the placement and use of AV fistulas for hemodialysis patients. For this project, CMS has partnered with the Institute for Healthcare Improvement (IHI), the 18 ESRD Networks, dialysis providers, primary care physicians, nephrologists, vascular access surgeons, interventional radiologists, state survey agencies, professional societies and patient advocacy groups. Established performance targets are:

- AV fistula rates of 50 percent or greater for new patients.
- AV fistula rates of 40 percent or greater for those already on hemodialysis for longer than 30 days.

Currently, 31 percent of hemodialysis patients in Network 13 dialyze with a fistula.

Why is an AV fistula important to you?

Whether or not your dialysis access can sustain an adequate blood flow plays an important part in removing the fluid and toxins that build up between your treatments. Use of catheters and grafts increases the risk of infection, clotting and hospitalization. Patients who use catheters or grafts for dialysis have a higher risk of death mostly due to complications. Compared to catheters and AV grafts, AV fistulas have a lower chance of infection, do not clot as often and tend to last for many more years.

Needle Sticks Hurt...

We know that needle sticks can be painful. There are anesthetics available which can lessen the pain. There is also a technique known as the "button-hole" procedure which may be an alternative. Check with the Network or your dialysis provider for more information. You are an important member of this initiative and we welcome your thoughts or comments.



Hurricanes, Tornados, Ice Storms, Flooding Emergency Preparedness- ARE YOU READY?!!!

By: Patrick Murphy, LCSW, Network 13 Patient Services Coordinator

The recent headlines on the hurricanes that have ravished the southeast United States have been a stark reminder of the need to be prepared for the many types of natural and man-made disasters that can strike any community. How prepared are you to manage your healthcare needs should a disaster strike?

When is the last time your dialysis center reviewed their disaster plan with you? If you have to think about this, then it is too long. Request that your facility review disaster preparedness on a regular basis. Work with your facility to develop a checklist of important information you will need to have should a disaster strike and you will need to get your dialysis care elsewhere. Provide your facility with emergency contact numbers so they are able to keep you informed and updated on the emergency situation and their ability to provide your dialysis needs.

THINGS YOU NEED:

Medication- Keep a list of medications with dosage and frequency with you. If possible, keep a two-week supply at home on hand. Keep this medicine in a container that you can take with you in the need of evacuation. Listen to emergency broadcast for information on where to get needed medications if your local pharmacy is unable to service the community. If you keep medication in supply periodically check for expiration dates and restock as necessary.

Food/Water- Develop an emergency food list so you can stock these items for use in an emergency. A six-day supply will allow you to get through the initial period of a disaster. Keep the list in an accessible place so you can find it in the event you have the opportunity to stock supplies prior to a potential disaster. Check with your facility dietitian for help in developing your emergency renal food list. Remember, canned or processed food items are high in sodium.

Medical Records- You need to get a copy of your dialysis related medical records and keep them in an accessible place. The records should also include your insurance information. This will assist you in the event you need to evacuate and will need to get your dialysis at a different center or hospital emergency room (ER).

Find out from your facility head nurse, social worker and /or administrator if the facility has an agreement with another local facility and any facilities outside of your local area for treating patients if your facility is unable to operate. Remember that in widespread disasters such as hurricanes, floods, blizzards and ice storms, local agreements may not be useful as all surrounding facilities may not be able to provide treatment.

Contact your local emergency management office and utility companies to inform them of your medical needs so in the event of a disaster they will have record of you and will take the action necessary to assist you and give priority in restoring services.

Resources:

Preparing for Emergencies: A Guide for People on Dialysis- CMS Publication # 10150- www.Medicare.gov/publications or call 1-800- 633-4227.

Planning for Natural Disasters and Other Types of Emergencies: A Guide for Kidney Patients- www.kidney.org or 1-800-622-9010.



Poem

REHABILITATION

By: William Cadow, Metairie, LA

My four sons

*You will never know the pleasure
That each of you have brought to me
There was a first son
Then there followed three*

*Each of you have taught me lessons
And I have learned them well
I regret some days I scolded you
And made your days like hell*

*You are my loving children
And I was a new dad
I did foolish things I know
And this doesn't make me glad
In your life there were good days
But some days were not so fine
Some days I made you miserable
By fussing all the time*

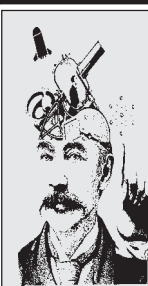
*But now that you have gotten older
And made your way in life
I have no reason to fuss anymore
And give thanks to my caring wife*

DAD

Mr. Cadow is a Kidney patient from Metairie, Louisiana. After going on dialysis, Mr Cadow started writing poetry. He has submitted several poems to the newsletter including the one on this page. One of his sons responded in kind with a poem back. This will be included in a future edition. Do you have a hobby or activity that once brought you pleasure like art, music, woodworking etc.? It may be time to explore that hobby or activity again. Having kidney failure doesn't have to keep you from activities you enjoy. Work with your care team to identify activities that you can engage in and to identify any limitations you may have. Then go enjoy yourself.

Answers from page 6

C	O	W	U	F	J	K	O	P	U	D	D	I	N	G
Q	O	T	K	Z	X	V	B	P	A	W	S	M	R	S
R	E	F	A	S	W	N	P	O	H	Y	I	P	K	L
W	E	A	F	O	R	H	O	W	N	A	S	E	K	G
S	A	U	C	E	S	Z	P	C	I	O	N	I	E	M
S	E	C	R	A	E	T	U	B	T	U	F	Y	E	C
D	O	C	T	O	R	S	R	M	A	Y	J	A	M	U
Q	U	E	I	T	O	K	Y	C	L	I	N	G	K	S
C	O	F	F	U	T	E	S	H	E	R	B	E	T	T
G	E	L	A	M	J	I	U	C	G	T	P	O	E	A
S	P	O	U	P	U	D	H	O	T	C	U	S	T	R
H	O	T	C	E	R	E	A	L	P	O	P	S	I	D
S	P	I	E	U	R	O	P	M	I	L	T	E	A	M
I	S	E	C	A	R	E	M	S	H	I	R	B	E	T
O	I	S	E	C	U	A	M	E	T	A	T	A	R	D
T	C	U	B	Z	S	Y	I	C	E	C	R	E	A	M
G	L	A	T	I	N	S	L	A	M	K	L	I	T	O
H	E	I	Z	T	H	A	K	L	I	N	T	I	N	S
K	S	N	I	L	K	S	Y	R	U	O	P	M	N	J
H	Y	T	S	O	U	P	O	P	U	D	I	N	G	Q
C	E	S	S	A	U	K	E	S	J	A	S	O	D	A



KIDNEY CONCERNS NEEDS YOU!

Kidney Concerns is published quarterly by the Patient Advisory Committee of ESRD Network 13. The next edition is scheduled for WINTER/JANUARY, 2005. To make this newsletter a success, we need your assistance. If you are interested in contributing to this newsletter, please send any articles, materials and/or ideas to:

Kidney Concerns
ESRD Network 13
4200 Perimeter Center Dr, Ste 102
Oklahoma City, OK 73112-2314
1-800-472-8664
<http://www.network13.org>