

**5. Medicare Part B pays for it.** When you have Medicare Part B and you get your flu shot from a Medicare provider, you pay no "coinsurance or deductible." Also, if the person giving the shot agrees not to charge more than the amount Medicare pays, you pay nothing. Medicare Part B also pays for the pneumococcal vaccination. Ask your health care provider about both of these vaccines. (Note: HMO members may be required to get shots from their HMO. Ask your HMO for more information.)

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, usually as a result of mutations in the viral genes. Each year the vaccine is updated to include the most current influenza virus strains. The fact that influenza viruses continually change is one of the reasons vaccine must be taken every year. Another reason is that antibody produced by the person in response to the vaccine declines over time, and antibody levels are often low one year after vaccination.

**PNEUMONIA:** Some of these same groups of people should receive one-time vaccination 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.

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 and is a once-in-a-lifetime vaccination for most people. If you don't have a spleen, or if you have **chronic renal failure**, HIV, cancer, or other diseases that compromise your immune system, **ask your health care provider if a second pneumococcal vaccination is necessary.**



**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. 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 Drive  
 Ste. 102  
 Oklahoma City, OK 73112-2314  
 1.800.472.8664  
<http://www.network13.org>

**ANSWERS TO PAGE 8 PUZZLE:**

H	A	O	B	D	A	V	O	C	A	D	O	S	P
A	P	L	C	R	D	E	N	U	T	S	F	C	I
M	U	I	G	I	H	C	H	E	E	S	E	H	C
I	M	V	P	E	C	A	N	P	I	E	K	O	K
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M	K	S	O	B	A	N	A	N	A	S	O	O	E
W	I	N	T	E	R	S	Q	U	A	S	H	L	S
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**ESRD NETWORK 13**

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

**KIDNEY CONCERNS**

**What's your ACCESS-ability?**

- Can you identify the type of hemodialysis access you have?
- Can you describe the direction in which your blood flows through your access?
- Can you name the signs and symptoms of access infection?
- Who do you call or tell when you suspect problems with your access?

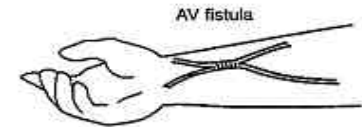
**Let's discuss your "ACCESS-ability".**

**What is a VASCULAR ACCESS?**

A vascular access is the point on your body where the blood required to do a dialysis treatment is removed from you and returned to you. While the blood is out of your body (less than a cup is removed at a time), it is pumped by the dialysis machine through the dialyzer (or artificial kidney) to be cleaned and have extra fluid removed. The vascular access must be able to accommodate blood moving at a large enough rate to allow for an adequate hemodialysis treatment in a relatively short period of time.

There are three types of hemodialysis access:

- A-V Fistula
- A-V Graft
- Catheter



**Which type do you have? THINK "FISTULA FIRST".**

The **ARTERIO-VEIN FISTULA** (fis-choo-la) is an artificial opening between an artery (a vessel that carries blood FROM your heart) and a vein (a vessel that carries blood back TO your heart). Surgically connecting an artery and a vein that lie close together in your arm creates this opening. Strong arterial pressure will, over time, enlarge the vein and create a long-term vessel (vein) where the dialysis needles can be easily placed. The **AV Fistula** lies under the skin and requires around 6 to 8 weeks to "mature" before it can be used for dialysis. This type of access requires the most time to develop but is the longest lasting and the most trouble free. It is worth the wait! Being prepared and having a "plan for dialysis" long before your actual starting date is important for success of the fistula as your first access. Fistulas can be placed at a later date too, but will always require time to "mature".

After a **FISTULA** is placed, there are exercises that can be done which may help to build up or "mature." Squeezing a soft rubber ball with the hand of your access arm 20-30 times several times a day will help. Your surgeon or dialysis team can advise other exercises and care. Be sure to ask them for written information on the care of your access.



### Which Direction Does the Blood Flow in Your A-V Fistula or A-V Graft?

- One end of your access has a stronger pulse or “thrill” than the other. This stronger sensation helps identify the ARTERIAL end of your access.
- Ask your nephrologist or nurse which direction the blood flows in your access.
- REMEMBER THIS DIRECTION for the future.
- The needle in the VENOUS end of the access should always point TOWARD the heart or venous return direction; the ARTERIAL needle can be placed in either direction.
- Needles placed in the wrong direction can lead to under-dialysis.

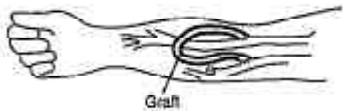
#### Advantages of a FISTULA are:

- Simpler surgery than a graft.
- This access lasts the longest.
- Infection rate is lowest of all the types of access.
- Least chance of clotting problems.
- This is the preferred type of access.

#### Disadvantages of a FISTULA are:

- 6 to 8 weeks are necessary for fistula development before it can be used.
- You must have “good veins” to accommodate a fistula (only an access surgeon can tell you this for sure).

A **GRAFT** is a piece of artificial tubing (polytetrafluoroethylene or gortex) or bovine (cow), umbilical vessel or part of your own leg vein that is connected at one end to an artery and at the other end to a vein, usually in your arm.



The **GRAFT** provides artificial plumbing (conduit) for blood to flow from the higher arterial pressure area of your access to the lower venous pressure area on its way back to your heart. The dialysis needles are placed into this piece of conduit. The graft lies under the skin and requires 2-3 weeks to heal. It is best that the swelling be gone before it is used for dialysis.

#### Advantages of a GRAFT are:

- Can be used in 2-3 weeks.
- Needles are easily placed.

#### Disadvantages of a GRAFT are:

- Surgery is more extensive than a fistula.
- Shorter “life span” - they wear-out.
- Risk of infection is higher than in a fistula.
- Risk of becoming clotted between treatments is higher.
- There is a higher rate of complications requiring more frequent hospitalization.



- 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.** Influenza (commonly called the flu) is not just a runny nose or upset stomach. It is a serious illness that can lead to pneumonia. At least 45,000 Americans die each year from influenza and pneumonia, the sixth leading cause of death in the United States, 90 percent of these deaths are among people 65 years of age or over.
2. **The flu can be very dangerous for people 65 and older.** People 65 years of age or over should get a flu shot, unless they are allergic to eggs. It's also important for those with a chronic illness, and for those who spend a lot of time around sick or elderly people.
3. **A flu shot is safe and helps you protect others.** Flu shots are safe and effective. And when you get a flu shot, you help yourself and those around you. By avoiding the flu, you avoid giving it to friends and family.
4. **The flu can make you “blue.”** Even if you don't develop serious problems, the flu can make you feel bad for days. It can cause fever, chills, headache, cough and sore muscles.



Doctors Michael Lazarus and Robert Lockridge debated "Dosing Dialysis: Is More Better?" While I decided no conclusion was actually reached in this particular debate, my discussions with other patients, in particular one who does hemodialysis overnight, confirm that the more frequent you are being cleaned, the better your results will be. His URR, for example, reached 88 percent, the best my URR has been with hemodialysis three times per week at four and one-quarter hours per session has been 75 percent. **(Other factors influence a patient's URR besides frequency and these have to be taken into consideration.)**

A panel discussion on "Dealing with the Emotional Impact of Kidney Disease" was conducted by both professionals and select patients. Of importance were the six (6) emotions or feelings that each of us must deal with as our CKD progresses. These are freedom, independence, disability, spirituality, morality and morbidity. Each emotion will occur and reoccur within us at various stages of our treatment.

At the Saturday "Luncheon with the Experts", I was informed by Margaret Gron, registered dietitian, that we should all learn to measure our portions and not be fooled by the portion size listed on the label of most foods. For diabetics like myself, it is particularly important to watch the portions of carbohydrates as well as sugars in our diets.

Doctor Amedia picked up the theme of the convention on Saturday afternoon speaking on "Living Well on Dialysis: A Long Term Perspective". Questions you should ask yourself are: Are you feeling good? Is the treatment working? Do you enjoy yourself and know who you are? Are your needs being covered because it's your responsibility to make sure they are. Are you exercising daily? Not a full-blown workout, but a walk in your neighborhood. It's your job to conquer the disease.

My final session included a panel discussion of experiences by CKD patients including our own Carl Nettleton, PAC Co-Chair, telling of his travels to "Europe and Dialysis Abroad".

Overall the convention was very informative and worthwhile from the standpoint of meeting and talking with many people who have good attitude in spite of a rather debilitating disease.

**Opinions, conclusions and recommendations are those of the author. Please check with your medical team on any questions you have on the information presented in this article.** △

### 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?** 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;



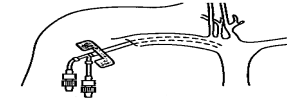
### Take Good Care of your FISTULA or GRAFT

- ◆ Do not wear tight clothing, purse-straps, or tight jewelry around your access.
- ◆ Do not sleep on your access arm.
- ◆ Be careful not to strike or cut your access arm.
- ◆ Do not carry heavy loads over your access (groceries, firewood).
- ◆ Do not let anyone take blood from or put IV's into your access arm. Also, NO blood pressures on your access arm.
- ◆ Do not scratch or pick at the skin of your access arm.
- ◆ Keep the access arm clean and the skin moist and pliable.
- ◆ Be aware of the blood flow direction of your access. Make sure your needles are placed properly. (See info box on "blood flow".)
- ◆ Low blood pressure should be avoided to discourage the access from "clotting off".

The **CATHETER** is a "Y" shaped plastic tube. It is surgically placed so that the leg of the "Y" is placed down into a vein of your neck, chest, or occasionally, the groin. The upper 2-armed segment of the catheter exits through the skin. Blood moves in and out of the 2 tubes (called lumen) of the catheter during the dialysis treatment. One of the lumens delivers blood to the dialyzer on the machine and the other returns the blood to you. Catheters are most commonly placed in the subclavian vein of your shoulder or the internal jugular (IJ) vein in your neck. According to K/DOQI™, the neck is the site that will cause the least number of problems and is the preferred site.

The **CATHETER** is usually a temporary (short-term) access. Most often catheters are used while the fistula or graft are healing from surgery and "maturing" (becoming useable).

Illustration of Placement Catheter



It is important that the arms of the catheter be clamped and capped between treatments to prevent infection and blood loss. Caution should be used in working with catheters. **Only skilled persons using sterile techniques should touch catheters.** This means the patient AND the caregiver should have masks on and the caregiver should be wearing sterile gloves. **Extreme care** should be taken when working with catheters to avoid introducing bacteria into the blood.

The catheter exit site should be checked, cleaned, and redressed by a skilled person at each dialysis session. The person examining the exit site should discuss the condition of the catheter with you each treatment.

Always be on the LOOKOUT for signs and symptoms of infection:

- REDNESS
- SWELLING
- PAIN, NUMBNESS
- DRAINAGE (pus) or BLEEDING
- INCREASED TEMPERATURE (at the exit site)
- FEVER with chills



If any of the above is present, your dialysis unit or your nephrologist needs to be notified immediately. Dressings on the exit site should also be changed any time they become wet or soiled. Do not hesitate to call your dialysis unit or nephrologist if you have any concerns between dialysis treatments. This is your lifeline. YOU must protect it!

**Advantages of a CATHETER are:**

- Surgery is not extensive.
- Can be used immediately after insertion.
- No needles are required.
- Easy for dialysis personnel to connect you to the dialysis machine.

**Disadvantages of a CATHETER are:**

- Can become clotted easily.
- High risk of infection that can spread to the entire body.
- Must be cleaned and evaluated in a specific manner by a trained individual several times a week.
- Risk of high amount of blood loss if not kept capped and clamped when not in use.
- Risk of stenosis (narrowing of the vein) of vessel where catheter is placed.
- Under-dialysis can result if adequate blood flow cannot be maintained or if the catheter arms are not connected to the proper blood-lines (arterial to arterial, venous to venous).

**Which ACCESS is best for you?**

It is important for you and your doctor to make the decision TOGETHER about which access would serve you best. You only have a few sites on your body that can be used for vascular access. The access will need to be cared for and watched carefully by YOU so that it will last as long as possible and be relatively TROUBLE-FREE.

If you think an alternate type of access would be better for you, bring this up with your doctor. It is important that you "shop around" to find a surgeon who is well trained to work with you and your access. There are surgeons who specialize in vascular access.

**What can I do to increase my ACCESS-ability?**

- **EDUCATE** yourself.
- **DISCUSS** concerns and questions with your doctor.
- **CHECK** your access everyday! If you have a catheter, you do not want to remove the dressing unless you have been trained to do this properly.
- **TALK** to the dialysis team about your access.
- **INSIST** the dialysis team treat your access as if it were their access.
- **REMEMBER** – an adequate hemodialysis treatment is dependent on a well-functioning access!

**Check your FISTULA or GRAFT EVERY DAY!**

**LOOK** at the access. Are there any signs of infection?

REDNESS?      SWELLING?      BLEEDING?      DRAINAGE?

**FEEL** the access with your fingertips. Is anything different from yesterday?

PULSE present?      Any HARDNESS or SWELLING?      Any PAIN?  
HOT to touch?      NUMBNESS in arm or fingers?

Call your dialysis unit RIGHT AWAY if you notice anything out of the normal. △

(\* K/DOQI™ Kidney / Dialysis Outcomes Quality Initiative. These are guidelines for medical practice developed by a team of experts to help improve dialysis patient outcomes.)

**Partner's Corner**

**By: Sandi Morant, Network 13 PAC Member**

In any good relationship, partners must respect the other's boundaries. Each of us has our own style of dealing with problems and stress. Some like to be left alone to mull things over by themselves while others prefer to talk about the situation, vent their feelings, or elicit support and suggestions. There is no one "correct" approach and problems may occur when the two styles clash. Because most complications happen whenever one partner seeks to change the other's style, it is extremely important to respect your partner's mode of relating.

Persons coping with chronic illness have a need to come to terms with that illness and the ensuing changes to their life. They may frequently distance themselves in order to sort out their feelings and to work through the details of its impact upon their day-to-day lifestyle. As partners, it is important not to take these periods of adjustment personally, as a form of "shutting you out" or keeping things from you. Bear in mind, that no matter how sympathetic you may be, you cannot fully appreciate the range of emotions - from anger to depression - your loved one is experiencing.

However, you can support your partner by gently asking if they have any concerns they would like to share with you. If they are not ready at that point, you can offer to be available whenever they do feel the need.

It is also important, when they are ready to share, that you listen quietly and not judge or minimize the situation. Most of the time a person needs only to voice his/her concerns or vent about fears and frustrations to a caring, concerned listener. You may even be tempted to help him/her "look on the bright side" or to come up with ideas or solutions for your partner. While this is fine advice if solicited, it may be not be welcomed if he/she feels you are trying to manage his/her life. It sends a very subtle message that he/she isn't capable of handling things at a time when he/she is especially unsure of his/her abilities and sensitive about maintaining his/her independence.

Meeting with and talking to other partners in the same or similar situations at ESRD workshops or dialysis support groups, etc., will help you feel more comfortable in your supportive role. △

**American Association of Kidney Patients (AAKP) Information**

**By: John Borger, Network 13 PAC Member**

On behalf of the ESRD Network 13 Patient Advisory Committee (PAC), I attended the 30th annual AAKP Convention in New Orleans, LA in late August. The theme of this year's convention was, "Take Action, Take Charge, Live Well". I attended several educational presentations throughout the convention. Doctors Lockridge and Blagg started the education process with a discussion of a Practical Guide to Controlling Blood Pressure and Managing Diabetes. In summary, they suggested knowing your hemoglobin A1C, usually measured quarterly with regular blood tests, reducing fluid intake (by drinking only when thirsty) reducing salt intake, controlling obesity (men are obese when their waist size is over 40; women when their waist is over 35) and continually inspecting your feet. According to Dr. Blagg, your risk for incurring CKD (Chronic Kidney Disease) doubles with every 20/10 increase in your Blood pressure over 115/75. Finally, it was suggested you know your BMI (Body Mass Index). You can get this number from your Dietitian. When I returned from the convention, I asked my dietitian who calculated my BMI at 25. Her concern for me being overweight would begin at a BMI of 29. One solution I have for drinking less is to substitute sugar free chewing gum or hard candy such as a lemon drop for a drink of water when I become particularly thirsty.



**Holiday Pears**

2 cans (29 oz.) pear halves, drained  
 1/4 cup sugar  
 1/2 teaspoon ground cinnamon

1 can (16 oz.) whole-berry cranberry sauce  
 2 Tablespoons lemon juice

Place pears with cut side up in a 13 X 8" square (greased) glass dish. Combine cranberry sauce, sugar, lemon juice and cinnamon in a microwave-safe bowl. Cook in microwave, stirring every minute until sugar is dissolved and mixture is heated through, approximately 5 minutes. Spoon over pears. Heat thoroughly in the microwave (about 6 minutes) or 350-degree oven (about 30 minutes).

*Yield: 12 servings*  
 Suggested use in diet: 1 serving = 1 low potassium fruit + 1 high calorie choice

*Nutrient information:*  
 Approximate analysis per serving:  
 Calories: 161 kcal; Protein: 0.3 grams; Fat: 0.2 grams; Carbohydrate: 42 grams; Sodium: 18 mg; Potassium: 90 mg; Phosphorus: 11 mg

<http://www.nat.uiuc.edu/mynat/> used for analysis of above recipes. △

**FALL FOOD FIND PUZZLE**

Find the following Fall or Holiday Foods that are high in potassium, sodium &/ or phosphorus:

- winter squash,
- pumpkin,
- dried beans,
- potatoes,
- oranges,
- bananas,
- avocados,
- dried fruit,
- nuts,
- pecan pie,
- chocolates,
- eggnog,
- hot cocoa,
- fudge,
- sweet potatoes,
- artichoke,
- cheese,
- fruit cake,
- mincemeat,
- olives,
- ham,
- pickles,
- coconut.

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

Answers on page 12

**Tips for Surviving the Holidays**  
**By Susan Knapp, MS RD CSR LD**

We all know that food is much more than just the nutrients that it contains. Holidays are a time when we are surrounded by food even more than usual. Certain traditional and cultural foods are associated with special occasions. Food is also often used to show love and gratitude. It is given as gifts or to celebrate special occasions. Although it can be difficult, following your diet during the holidays will help you to be able to feel your best. This in turn should help you to more fully enjoy the holidays. You don't want to have to make a visit to the emergency room or hospital because of poor food choices or drinking in excess. It is important to realize that the more you learn about and understand your diet, the better you can apply it to every day and special occasions. Enlist the help of others—your family and friends. Keeping food records can help you keep track of what you have had and, therefore, what you have left in your diet allowance.

Some party tips:

- Call ahead to find out what is on the menu. If needed, offer to bring something that is within your diet.
- Don't starve yourself ahead or you will have a tendency to overeat. Eat a small amount prior to the party.
- Plan the total day's intake of sodium or potassium around the special event.
- If you do the entertaining, you can plan appropriate food choices. Recipes can often be altered to be more "Renal Friendly". Recipe substitutions can include using non-dairy creamer for milk, leaving out salty ingredients, and leaching potatoes. For flavor, additional spices or herbs can be added.
- Don't sit or stand next to the food at the party to limit temptation.
- Focus on the party as being a social event. The food itself should be secondary.
- Make wise food choices. (See table). Choose lower sodium, potassium, and phosphorus foods from what is offered.
- Have sauces and gravies served on the side to use a minimal amount. These are usually high in sodium.
- Talk with your dietitian for his or her recommendations and suggestions regarding foods that are specially important to you. Very small portions of these foods, although not usually "allowed" on your diet, may be able to be included occasionally.

**WISE CHOICES AT SPECIAL MEALS**

Choose:	Instead of:
Roast beef, steak, brisket, hamburgers, roast pork, baked or grilled chicken, baked or grilled fish, turkey	Ham, bologna, lunchmeats, fried chicken, fried fish, hotdogs, cocktail wieners
"On the side" - using as little as possible, Vinegar or lemon juice for salad dressing, cranberry sauce	Sauces and gravies
Rice, noodles or bread dressing	Potatoes, sweet potatoes
Dinner rolls, white, French or Italian bread	Biscuits, cornbread
Green beans, corn, carrots	Barbecued beans, pork 'n' beans, ham & beans
Coleslaw, pasta salad, macaroni salad, lettuce salad	Potato salad
Deviled eggs, raw celery, cucumber, carrot sticks	Olives, pickles, cheese cubes or cheese slices
Fruit pie or cobbler, lemon meringue pie, cheesecake, strawberries, grapes	Pecan pie, cream pie, pumpkin pie, mincemeat pie
Sorbet, Italian ices, sherbet	Ice cream, ice milk
Plain cookies, angelfood cake, plain cake, lemon bars, pastel mints, hard candy	Fudge, brownies, fruit cake, chocolates, nuts
Hot apple cider, hot tea	Eggnog, hot cocoa



**Holiday Recipes**

**Roast Pork Loin**

- |   |                             |
|---|-----------------------------|
| 1 small boneless pork loin, about 2 pounds, trimmed of excess fat |                             |
| 4 large garlic cloves, peeled and minced                          | 2 teaspoons powdered ginger |
| 2 teaspoons dried rosemary, crumbled                              | 2 Tablespoons lemon juice   |
| 4 Tablespoons canola oil  | 1 cup apple juice           |

Place pork in small roasting pan. In a small bowl, make a rub of garlic, ginger, and rosemary. Rub mixture over pork. Mix the lemon juice, oil, and apple juice and pour over the roast. Cover, refrigerate and marinate for about an hour. Pour off and reserve marinade. Return about 1/2 cup of the marinade to the pan with the pork roast. Place in 400-degree oven and roast for approximately 75 minutes, basting every 15 to 20 minutes with marinade. Remove from oven; cool about 10 minutes to slice. Combine the marinade from the pan plus the leftover marinade and bring to a boil (thickening with a little cornstarch, if desired).

*Yield: 8 servings*  
Suggested use in diet: 1 serving = 3 ounces of meat + 1 medium potassium fruit

*Nutrient Information:*  
Approximate analysis per serving:  
Calories: 486 kcal; Protein: 22.5 grams; Fat: 42 grams;  
Carbohydrate: 5 grams; Sodium: 59 mg; Potassium: 459 mg; Phosphorus: 229 mg

**Old-Fashioned Plum Torte**

- |   |                          |
|---|--------------------------|
| 1/4 pound (1 stick) butter or margarine, softened | 3/4 cup sugar            |
| 1 cup flour, sifted                               | 1/4 teaspoon baking soda |
| 1 1/2 teaspoons vinegar                           | 2 eggs                   |
| 6 large purple plums cut into quarters            | 2 Tablespoons sugar      |
| 1 teaspoon cinnamon or more, to taste             |                          |

1. Arrange a rack in the lower third of the oven. Preheat oven to 350 degrees.
2. Cream the butter and the 3/4 cup of sugar. Add the flour, baking soda, vinegar, and eggs and beat to mix well. Spoon the batter into a greased 8 or 9-inch pan. Cover the top with the plums, skin sides down. Mix the cinnamon with the remaining 2 tablespoons of sugar and sprinkle over the top.
3. Bake for 40 to 50 minutes, until a cake tester inserted in the center comes out clean. Remove from the oven and let cool for 10 to 15 minutes. Loosen edges & remove from pan, turning over twice so plum side is facing up. Refrigerate or freeze if desired.
4. Serve cold, or let the torte return to room temperature and reheat at 300 degrees until warm. If desired, top with whipped cream.

*Yield: 12 servings*  
Suggested use in diet: = 1 starch + 1 low potassium fruit + 4 high calorie choices; not recommended for diabetics

*Nutrient information:*  
Approximate analysis per serving:  
Calories: 569 kcal; Protein: 1.8 grams; Fat: 9 grams;  
Carbohydrate: 125 grams; Sodium: 153 mg; Potassium: 106 mg; Phosphorus: 27 mg



**Oven Roasted Carrots**

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| 1 pound baby carrots                  | 1 medium-sized onion, cut into wedges |
| 3 cloves garlic, peeled & cut in half | 1 Tablespoon olive oil                |
| 1 teaspoon wine vinegar               | 1 teaspoon dried thyme                |
| 1/8 teaspoon pepper                   |                                       |

Place carrots, onions, and garlic in a greased 15" x 10" X 1" baking pan. Drizzle the oil and vinegar over the top. Sprinkle with thyme & pepper. Toss to coat. Cover and bake at 400 degrees for 20 minutes. Stir. Bake uncovered for an additional 20 minutes, or until carrots are crisp-tender, stirring after 10 minutes.

*Yield: 8 servings*  
Suggested use in diet: 1 serving = 1 high potassium vegetable

*Nutrient information:*  
Approximate analysis per serving:  
Calories: 50 kcal; Protein: 0.9 grams; Fat: 2 grams; Carbohydrate: 8 grams; Sodium: 21 mg; Potassium: 224 mg; Phosphorus: 34 mg

**Garlic Smashed Potatoes**

- |  |                                      |
|--|--------------------------------------|
| 6 large (4 ounce each) baking potatoes, peeled and leached * | 2 whole fresh garlic bulbs           |
| 1/2 cup liquid non-dairy creamer                             | 1/2 stick unsalted margarine         |
| Ground black pepper  | 2 tablespoons extra virgin olive oil |
| 1 teaspoon dried basil                                       | 1 teaspoon dried oregano             |

1. Preheat the oven to 375 F. Cut the tops off the whole garlic bulb to expose the cloves. Brush the top with oil and sprinkle with the herbs. In a small baking dish (with cover), place the whole garlic bulbs with tops cut off. Place the bottom down in the baking dish. Drizzle the extra virgin olive oil and herbs. Bake covered 1 hour in 375 F oven. Remove from oven and let cool. Squeeze out the garlic cloves and smash.
2. In a medium-sized saucepan, boil the leached potatoes until tender and drain. Do not overcook. Add the smashed garlic cloves, liquid non-dairy creamer, margarine and mix quickly into the potatoes with a hand mixer while still hot.

\*Leaching potatoes can remove as much as 1/3 to 1/2 of the potassium content of the potatoes. Here is a method to leach the potassium out of potatoes:

1. Peel and slice potatoes into small pieces.
2. Place potatoes into large bowl filled with water. Use at least 5 cups of water for every cup of potatoes.
3. Soak at least 2 hours.
4. Drain well. Rinse potatoes and then cook as desired.

*Yield 8 servings.*  
Suggested use in diet: 1 serving = 1 starch + 1 high potassium vegetable + 2 fat

*Nutrient Information:*  
Approximate analysis per serving:  
Calories: 290 kcal; Protein:3.3 grams; Sodium:21 mg; Potassium:301 mg;  
Phosphorus: 84 mg; (Recipe & analysis from iKidney.com)

