

## **Quick Information Sheet**

### **Congestive Heart Failure**

in

# **End Stage Kidney Disease**

End stage kidney disease (also known as Stage 5 chronic kidney disease) is the complete or almost complete failure of the kidneys to function. Kidney failure occurs whenever the kidneys stop cleaning the blood of wastes and toxins, removing excess fluid, or helping to maintain the balance of the body's chemistry. Chronic kidney failure or end stage renal disease (ESRD) happens gradually and is caused by damage to the kidneys. Some common causes are diabetes, certain infections, and hypertension. A person may have chronic kidney failure for 10 to 20 years before it progresses to end stage. End stage kidney disease occurs when the kidneys are no longer able to function at a level that is required for daily life. Dialysis or kidney transplant are the only treatments; without these treatments the patient may die in a short time.

Symptoms		
<del>-</del>	•	

The symptoms described below may occur when dialysis is stopped or the prognosis is poor while receiving dialysis

- Anemia
- Bleeding caused by platelet dysfunction
- Bruising, itching, and dryness
- Anorexia, diarrhea
- Nausea and vomiting can develop rather quickly
- Numbness in arms and legs (peripheral neuropathy)
- Muscle twitching
- Dyspnea from fluid overload

- Pain
- Mental status changes, such as inability to concentrate, confusion (caused from build-up of waste products)
- Fatigue, coma, and eventually death

#### Quality of life can improve by

- Addressing advance directives and goals of care
- Managing pain. Many patients may have some type of pain. The medication, dose, and frequency will depend if the patient is on dialysis. Morphine is not a good choice because it is metabolized in the kidney and has a byproduct that accumulates, contributing to uncomfortable symptoms. Fentanyl and methadone are safer choices
- Managing symptoms such as nausea, constipation, and shortness or breath
- Consulting a dietician about a proper renal diet
- Reducing fluid overload by limiting fluid and sodium intake and taking diuretics
- Providing psychological and spiritual support for the patient and family (especially
  if and when a patient considers stopping dialysis)
- Discussing the potential burdens and benefits of dialysis

Some patients may decide to try dialysis for a few weeks or months. This may allow them to make an informed choice regarding treatment. Dialysis may also give the patient time to complete end-of-life goals

It is important to note that Medicare will not pay for dialysis unless the hospice diagnosis is unrelated to the end stage kidney disease. If the hospice diagnosis is related to the end stage kidney disease, the hospice benefit would need to cover the dialysis.

#### What to report to the hospice/palliative care team

- Difficulty breathing
- Pain
- Any new symptoms. Not everyone has all of the signs and symptoms. Any new problem will be evaluated by the hospice and palliative care team and new ways to manage them will be discussed

#### Other HPNA Quick Information Sheets are available at www.hpna.org.

#### References

Kidney End of Life Coalition. Available at www.kidneyeol.org. Accessed April 28, 2009.

Moss A. (2002). *End Stage Renal Disease Workgroup, Recommendations to the Field.* Available at <a href="https://www.promotingexcellence.org/kidney">www.promotingexcellence.org/kidney</a> from The Robert Wood Johnson Foundation. Accessed April 28, 2009.

Emanuel L, Librach E. *Palliative Care: Core Skills and Clinical Competencies*. New York, NY: W.B. Saunders Company; Elsevier Science Health Science Div; 2007.

Ferrell BR, Coyle N. *Textbook of Palliative Nursing*. 2<sup>nd</sup> ed. New York, NY: Oxford University Press; 2006.

Approved by the HPNA Education Committee September 2009.