

Track Your Important Dialysis Measurements



National Kidney Foundation™

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	Goal	Record Your Results											
Date of Test													
Blood Pressure - Pre-dialysis													
Blood pressure - Post-dialysis													
Calcium													
GFR													
Hemoglobin													
Kt/V													
nPNA													
Parathyroid hormone (PTH)													
Phosphorus													
Potassium													
Serum albumin													
Serum ferritin													
TSAT													
Weight													
Weight - Pre-dialysis													
Weight – Post-dialysis													
Interdialytic weight gain													
URR													

General Instructions:

- Ask your dialysis care team about your goal for each item. Write it in the “Goal” column.
- Record the date(s) you are tested and the results.
- If your numbers are not on goal, ask your dialysis care team how you can improve them. See “Understanding Your Important Dialysis Measurements.”
- An additional test may be included in the blank space at the bottom of the chart.

Understanding Your Important Dialysis Measurements

The following tests may be done to check your nutrition and general health while on dialysis. Ask your doctor and dialysis care team which tests you will have and how often they will be done. If your numbers are not at goal, ask how to improve them.

Blood Pressure:

Blood pressure measures the force of your blood pushing against the walls of your blood vessels.

High blood pressure happens when the pressure increases enough to cause damage. The goal for most people on dialysis is less than 130/90. Pre-dialysis and post-dialysis blood pressure should be taken each time you receive dialysis treatments. Your blood pressure decreases when extra fluid and salt are filtered out of your blood by dialysis.

Calcium:

Calcium is a mineral in the blood that is important for strong bones and teeth. People on dialysis often develop problems with their bones due to abnormal calcium levels.

Glomerular Filtration Rate (GFR):

Your GFR is an estimate of how much kidney function you have. Your GFR is calculated from the results of a simple blood test, your age, gender, and race.

Hemoglobin:

Hemoglobin is the part of red blood cells that carries oxygen from your lungs to all the tissues in your body. If your hemoglobin is too low, you have anemia. Anemia can make you feel tired and have little energy. Many people on dialysis have anemia.

Testing your hemoglobin levels helps your healthcare provider know whether you need treatment for anemia. It also helps determine how well your anemia treatment is working.

Iron:

TSAT and Serum Ferritin:

Your TSAT and serum ferritin are measures of iron in your body. Iron helps your body build red blood cells, which is important in treating anemia. Testing your TSAT and serum ferritin helps your healthcare physician determine whether you have enough iron for building red blood cells.

Kt/V:

Kt/V (pronounced “kay tee over vee”) is a measure of the amount of dialysis you receive. Getting the right amount of dialysis is important to your overall health and can also affect how well you eat. This test helps your healthcare professional know if you are getting the right amount of dialysis.

nPNA:

Your nPNA (normalized Protein Nitrogen Appearance) is a test that may tell if you are eating enough protein. This measurement comes from lab studies that include urine collection and blood work. Your dietitian may ask for an accurate food record to go with this test.

Parathyroid Hormone (PTH):

Your PTH level gives information about your mineral and bone health status. A high level of parathyroid hormone (PTH) may result from an abnormal balance of calcium and phosphorus in your blood. Testing your PTH level is important because it helps you know whether you have mineral and bone disorder and need treatment for it. It also shows how well your treatment is working.

Phosphorus:

Phosphorus is a mineral in the blood that is essential to keep cells and bones healthy. Kidneys keep your blood phosphorus level in balance. A high phosphorus level can lead to weak bones. People with kidney disease need to have their phosphorus levels monitored so imbalances can be treated early.

Potassium:

Potassium is a mineral in the blood that helps your heart and muscles work properly. Kidneys are essential to keeping blood potassium levels in balance. A potassium level that is too high (hyperkalemia) or too low (hypokalemia) can be harmful and needs to be treated to bring the level to normal range.

Serum Albumin:

Albumin is a type of protein made from the protein you eat each day. A low level of albumin in your blood may be caused by not getting enough protein and calories from your diet. A low level of albumin

may lead to health problems, such as difficulty fighting off infections. Ask your dietitian how to get the right amount of protein and calories from your diet.

Urea Reduction Ratio (URR):

URR is another measure of how well your dialysis treatments are working to clear wastes from your blood. It uses blood tests but does not include urine collection. Your target URR should be 65 percent or higher.

Weight:

Body Weight

Maintaining a healthy weight is important to your overall health. You should check your weight at home every morning. Speak to your doctor if your weight changes suddenly.

Target Weight (or dry weight)

Target weight is how much you should weigh after dialysis removes excess fluid from your body.

Interdialytic Weight Gain

This is the amount of weight you gain each day between dialysis treatments. If you do not follow your fluid and salt limits between treatments, you may gain too much fluid weight.

Other Tests You May Have

In addition to the tests you have regularly to check your health on dialysis, you may have some of the following tests.

A1C:

This is a simple blood test that is used to diagnose diabetes and then to gauge how well you are managing your diabetes. It tells you what your average blood sugar level is for the past two to three months.

Blood Glucose:

If you have diabetes, keeping your blood glucose (blood sugar) level well controlled is important. Good control helps keep chronic kidney disease and

other problems from getting worse. There are two ways to monitor your blood glucose. The first is with a blood glucose meter. This is a simple test that you do yourself usually several times a day. It tells you what your blood sugar is at any moment in the day. The other way is with an A1C test.

Creatinine Clearance:

Creatinine clearance is another measure of how well your dialysis clears wastes from your blood. Your dialysis care team will check your weekly creatinine clearance about once every four months to make sure you are getting the right amount of dialysis.

Cholesterol:

Total Cholesterol

Cholesterol is a fat-like substance found in your blood. A high cholesterol level may increase your risk of having heart and circulation problems. However, a cholesterol level that is too low may mean you are not eating well enough to stay healthy. Ask your doctor if your cholesterol level is in the right range.

HDL Cholesterol

HDL cholesterol is a type of “good” cholesterol that protects your heart.

LDL Cholesterol

LDL cholesterol is a type of “bad” cholesterol. A high LDL level may increase your chance of having heart and circulation problems.

Triglyceride:

Triglyceride is another type of fat found in your blood. A high triglyceride level, along with high levels of total and LDL cholesterol, may increase your chance of having heart and circulation problems.

Serum Creatinine:

Creatinine is a waste product in your blood that comes from the normal function of your muscles. Healthy kidneys remove creatinine from your blood, but when the kidneys are not working, your creatinine level rises. Your dialysis also removes creatinine from your blood. Not getting enough dialysis can cause your creatinine level to rise, while getting more dialysis causes it to fall.

Subjective Global Assessment (SGA):

Your dietitian may use SGA to help check for signs of nutrition problems. The dietitian will ask you some questions about your daily diet and check your weight and the fat and muscle stores in your face, hands, arms, shoulders and legs. Ask your dietitian about your score on the SGA. If your score is too low, ask how to improve it.