

kichey living®

Issue 9

Winter 2015

ART GALLERY

IN THE DIALYSIS UNIT

DIALYSIS MEDICATIONS HOW MUCH DO YOU KNOW?



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A MAGAZINE FOR PEOPLE ON DIALYSIS

Ringing in the New Year!

Happy New Year, *Kidney Living* readers! It's that time of year when we get reenergized and make resolutions to inspire us throughout the year. Often resolutions are health-focused such as: go on a diet, exercise more, join a gym, learn to dance, etc. The undeniable truth is that resolutions are hard to keep and many of us end up making the same ones year after year.

This New Year, we hope this issue will inspire you to break the cycle of failed resolutions and make a new commitment (or recommitment) to putting yourself first! Take time to do the things you love and be with the ones you love. Be kind to yourself. And remember that you are the most important member of your healthcare team. Learn about your treatment and your health conditions so you can be an active participant in your healthcare.

In this issue you'll learn how to be prepared for your yearly care plan meetings with your dialysis care team. You'll also learn about medications that are given during dialysis and how to start planning your advanced directives. Ask questions, talk to your healthcare team, and contact our NKF Cares Help Line toll-free (855.653.2273) or email nkfcares@kidney.org for free educational brochures and to learn more.



Being an active member of your healthcare team has been proven to improve overall health and wellbeing — so jump start your New Year today!

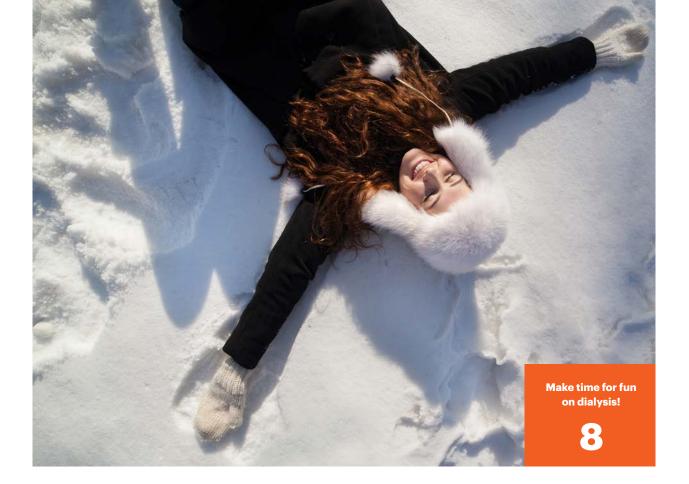
Best wishes,

Kelli Collins

Kelli Collins Editorial Director, *Kidney Living*

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What's in this Issue?



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Ask Your Healthcare Team Why is it important to have an advance directive? What types of decisions can I

make in an advance directive?

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kidney living Voices

Have you participated in a Kidney Walk before? If so, what was your favorite part? Why should others join a Kidney Walk?



Harv Toback, age 85, started in-center hemodialysis a year and a half ago after he was diagnosed with kidney failure. He has plenty of time on his hands while the dialysis machine cleans his blood. A former amateur painter and art gallery owner, he started sketching as a way to reflect the emotions that he experiences while on dialysis. He also sketched his surroundings, including other patients, nurses, and even the machinery. According to Harv, "Art is the perfect way to channel my energy and creativity while on dialysis."

He has acquired a loyal fan club. Fellow kidney patients and dialysis center staff admire his works and this has spurred a dialogue about the power of art and the way it can bring people together. Harv quickly realized that others, too, had an affinity for painting, sketching, photography, collage, and other art forms. Harv is inspired by the friendships he developed within his dialysis kidney community – who he considers "part of his family," and they are inspired by him and his artwork as well. "I felt an art exhibit would be the perfect way to channel the simultaneously individual and collaborative nature of art, bringing people together from across the unit. Even the Medical Director of the dialysis unit was drawn towards art," he says.

> Art is the perfect way to channel my energy and creativity while on dialysis.

With the help of the dedicated dialysis unit staff, the art show concept was born. Harv created flyers to bring attention to his idea. Quickly thereafter, patients, nurses, friends, and family members of those on dialysis all began contributing individual pieces of artwork, and within a two month period, an exhibit was formed. Harv helped cultivate the show, but credits its success to the contributions of everyone who participated and to those who helped him set up the exhibit throughout the dialysis center.

He hopes to expand the exhibit to other blank walls within the unit, filling them up on a rotating basis as new pieces are created.



Lito Severino, Nurse Manager.



Harv Toback, kidney patient, artist, and art show organizer.

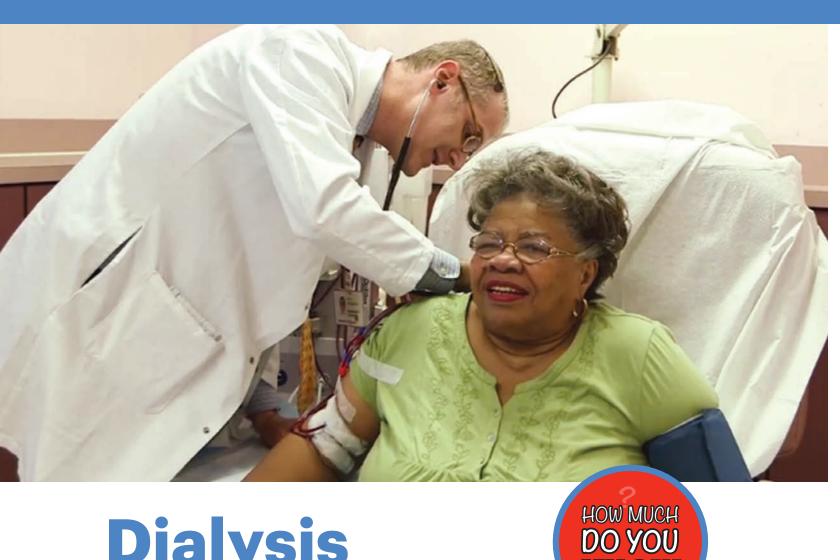
Kidney Walk

Cidney Foundation

C.S.

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kidneywalk.org



Dialysis Medications

by Kristy Washinger, CRNP

Many patients wonder what medicines are given during dialysis and what each of these medicines does in the body. Knowing what you are given and why will help you be a partner in your care. Here's an overview:

Injected Medication

People with kidney disease may need medicines that are either injected under the skin (subcutaneous or SC) or in a vein (intravenous or IV). These are ordered by your dialysis doctor or advanced practitioner. These medications treat low red blood cell count (anemia), weak bones, and prevent clotting during treatment. Some medications help prevent you from getting sick while others fight infections.

Vaccines

The immune system of kidney patients may become weakened, making it easier to get sick. A weakened immune system also makes it hard for the body to fight off diseases. Vaccines are one way to prevent getting sick and fight diseases. Common vaccines given at the dialysis center include those to fight the flu (influenza vaccine), pneumonia (pneumococcal vaccine), and hepatitis B (hepatitis B vaccine).

KNOW

Anemia medication

The kidneys are responsible for producing a hormone called erythropoietin, which helps make red blood cells. Red blood cells carry oxygen throughout your body. When your kidneys cannot make erythropoietin, your body does not have enough red blood cells, and you may develop anemia. Many patients on dialysis have anemia, which can make you very tired. Because the kidneys can no longer make erythropoietin, many dialysis patients receive the man-made form of this hormone called an Erythropoietin Stimulating Agent (ESA). Some patients and healthcare practitioners shorten the name and call it "Epo." This medicine can be given by vein or under the skin at dialysis. Anemia can also result from a lack of iron in the body, so some patients take oral iron and some are treated with IV iron.

Vitamin D

Kidney disease can also lead to secondary hyperparathyroidism (SHPT), which may affect bone health. This can cause the body's levels of calcium, phosphorus, vitamin D, and parathyroid hormone (PTH) levels to be out of balance. When these levels are out of balance, patients can have joint pains or even broken bones. Because the kidneys are unable to change the vitamin D to its active form, a man-made form of vitamin D called a vitamin D analog can be given at dialysis to decrease parathyroid hormone levels and keep bones strong.

Antibiotics

Antibiotics are medicines that kill bacteria or slow their growth. IV antibiotics may be given during dialysis to treat infections related to your dialysis access. These medicines are usually given at the end of a treatment, so that they are not removed from the blood during dialysis.

Blood Thinner

Sometimes dialysis lines will clot during treatment. This happens when the blood becomes thick and does not flow freely through the dialysis lines. Heparin is a medicine that prevents clotting and allows for better dialysis. It can be given at the beginning of dialysis or during your treatment. Some patients may be unable to take this medicine if they have a bleeding problem or experience active bleeding.

You may also ask your healthcare practitioner about medications such as Tylenol and Benadryl that may be requested as needed during dialysis treatment. These medications are given by mouth and are typically to treat headaches, itching, or help with sleep.

All of these medications are important for overall health. Make sure you talk to your kidney healthcare practitioner about your medications in order to understand what medications you may be receiving and why you are getting them.

COMMON MEDICATIONS GIVEN DURING DIALYSIS

Iron

- Ferrlecit (Ferric Gluconate)
- Infed (Iron Dextran)
- Venofer (Iron Sucrose)

Vitamin D Analogs

- Hectorol (Doxercalciferol)
- Zemplar (Paricalcitol)
- Rocaltrol

Erythropoietin Stimulating Agents

- Aranesp (Darbepoetin alfa)
- Epogen (Epoetin alfa)

Antibiotics

- Cefazolin
- Cefepime
- Gentamicin
- Vancomycin



juggling Dialysis & Making Time for Fun

by Gary and Kim Chmielewski

Remember hearing the words "your kidneys have failed?"

Then, your healthcare practitioner probably said dialysis would be in your immediate future. Whether you heard this 20 years or 2 weeks ago, you may have suddenly felt the world was getting darker. I remember feeling that the meaning and purpose of life was rapidly coming to an end! Doom, gloom, and a dismal future seemed imminent. Luckily this was just fear and not reality.

Of course, the reality of kidney failure and dialysis did include changes in how you live and your daily routine. However, it is important to remember that how you live and the contributions you make to your job, your family, and your community are still entirely up to you.

Continue working. If you're active in your church, community, schools, or with hobbies, fit them into your new routine. Focus on what is important and not on the compromises that come with dialysis.

Schedule your treatments with an eye on the calendar, fitting timeconsuming activities into your days off. Attend those monthly meetings, schedule your community service activities, and — above all — spend time with your family and friends. Try for early morning doctor and dentist appointments, so that you have **time for yourself** later in the day.

Focus on the blessings in your life, and not the "why is this happening to me?" If your pre-dialysis routine involved a weekly date night with your significant other, by all means continue this tradition and have fun.

Stay flexible, leaving Sunday mornings open, for example, for events you want to attend. If possible, get up early to dialyze so that you have the rest of the day for you.

Travel if you want to. Of course this involves extra planning, but after a few getaways, you'll find traveling is not an insurmountable task.

Remember, what you do with your life is up to you! A positive attitude and a full schedule of worthwhile commitments will keep you focused on what's important and provide a fulfilling life beyond dialysis.



I've been asked by my healthcare team to have an advance directive. What does this mean? What types of decisions can I make in an advance directive?

An advance directive is a legal document that tells doctors and healthcare providers how you want them to carry out medical decisions you have made, even if you cannot communicate these decisions for yourself. If you have an advance directive in your medical records, your doctor and other healthcare providers can take care of you based on your wishes. An advance directive only goes into effect if and when you are not able to communicate and cannot make your own health care decisions.

There are two basic kinds of advance directives:

- A living will tells your doctor or health care provider what type of medical care you want (or do not want) if you should become unable to make these decisions for yourself.
- 2. A durable power of attorney or a health care proxy allows you to name a family member or close friend to act on your behalf if you are unable to make medical decisions for yourself.

It is important to talk to them about what treatments you would want and those you wouldn't want.

With an advance directive, it may be possible to accept all treatments recommended by the healthcare provider, accept some treatments and refuse others, or refuse all recommended treatments.

Treatments to discuss with your family and healthcare team for your advance directive

| Cardiopulmonary resuscitation (CPR) to restore breathing and blood circulation. This includes heart massage, drugs, electric shocks, and artificial breathing machines. | Antibiotics to fight infection. |
|---|--|
| | Dialysis for kidney failure, either hemodialysis or peritoneal dialysis. |
| Tube feedings giving food and/or water through a tube into a vein or into the stomach. | |
| | Surgery such as heart bypass, gall bladder, etc. |
| Artificial respiration (ventilator or respirator) a machine that breathes for a person through a tube in the throat. | |
| | Blood transfusions or blood products. |
| | Blood transfusions or blood products. |

Remember, no one will know about your advance directive unless you tell them. It's important to share a written copy and discuss your wishes with your healthcare team and your family. If you are religious, you may also wish to speak with your religious advisor to understand your religion's views regarding advance directives. It may also be helpful to speak with a lawyer or your social worker in order to better understand your state's specific laws concerning advance directives. You can also obtain a copy of your state's advance directive forms online. To learn more visit: www.kidney.org/kidneyliving.

TO HELP YOU TAKE PART IN YOUR CARE PLAN MEETING*

You may not realize this, but YOU are the most important member of your healthcare team. Doctors, advanced practitioners, nurses, dietitians, social workers, and technicians are well trained to provide comprehensive care and provide support. However, no two patients are the same, so it's important that your healthcare team knows YOU!



*This material was prepared by FMQAI: End Stage Renal Disease Network 18 of Southern California's Patient Subject Matter Experts

It is mandatory that your dialysis healthcare team creates and reviews your individual plan of care on at least a yearly basis. You should be invited to attend a meeting with your team to discuss this plan of care. Take advantage of this opportunity by asking questions, learning more about your health, and telling your healthcare team how you are really feeling.

Tips to help you feel prepared to discuss your plan of care with your dialysis team:

Know your care plan. 1 It's your road map to better health. Your care plan is created each year by your doctor and the dialysis staff, and contains medical, nutritional, and social goals specific to you. Request a copy of your careplan and save it with your medical records.



Investigate and inquire. Find out why you

are receiving certain medications, how well dialysis is cleaning your blood, why certain foods are bad for you, and what foods are best for you to eat and drink.

3

Know your dialysis

options. Some dialysis options may suit your needs and schedule better than others. For example, some forms of dialysis make it easier to work or go to school during the day. Express vour needs and wishes and find out which types of dialysis may be a better fit.



Notice trends.

Is your blood pressure high lately? Have you had any changes in appetite? Have you noticed changes in your mood or that you're feeling depressed? Are you cramping more frequently? Are you having trouble sleeping at night? These trends could indicate that your care plan should be adjusted. Tell the staff about them in your care plan meeting.

Educate vourself. 5 Don't be shy or afraid to ask for medical terms to be explained in words you can understand. Ask where you can get more information about them. They are important!

Know yourself.

You know your body better 6 than anyone else. If you don't feel well after taking some medications, tell the doctor and the staff exactly how you feel. They need your feedback to make sure your care plan is working for you.



Interrupting is okay.

You are the star of your care plan meeting. Don't be shy. Be heard!

Everyone benefits when you take an active role in your meeting. It shows that you care.



Decide together.

Make sure you understand what each part of the care

plan means and how it will affect your health. You will be asked to approve the decisions the doctor and staff make, so you need to understand each aspect of them.



Enjoy the attention.

This meeting is focused entirely on your health

and how to improve it, so don't be passive. Be positive!



You don't have to go alone. It's okay to bring a loved one, family

member, or good friend to help you ask questions and get answers. They can even go in your place, but it's best for you to be there and participate.

Recipes

Crispy Chicken Cutlets with Creamy Cauliflower Salad

Serves 8 (Serving size: 4oz chicken and 1 cup cauliflower)



INGREDIENTS:

Cauliflower salad recipe: 1-2 heads auliflower, cut into florets 1 shallot, diced finely 2 celery stalks, chopped 4 hardboiled eggs, chopped 3 oz plain Greek yogurt 6 tbsp. mayonnaise 3 tsp. dijon mustard 1 dill pickle, chopped (low sodium) 2 tbsp. dill pickle juice 1 tsp. black pepper 1 tsp. paprika 1 tbsp. fresh parsley, chopped



9 corn tortillas, 6", diced in triangles 8 oz cream cheese (regular fat) 2 chicken breasts, cooked, shredded 1 cup green salsa verde 1 can diced tomatoes with green chiles

INGREDIENTS:

1 cup shredded cheddar cheese Sour cream and jalapeños, optional

Chicken recipe:

4 boneless skinless chicken breasts sliced into cutlets lengthwise

2 cups plain panko bread crumbs

2 oz grated parmesan cheese

1 tsp. ground oregano

2 tsp. low sodium chicken bouillon

- 1 tsp. ground thyme
- ½ tsp. paprika
- dash or two black pepper

2 eggs, lightly beaten

- 3 oz plain Greek yogurt
- lemon juice, and zest of 1 lemon canola oil

DIRECTIONS:

Cauliflower salad:

1. Steam cauliflower until tender. Let cool, then cut into large chunks.

2. Dice shallot and chop celery, hardboiled eggs, pickle, and parsley. Add to cooled cauliflower chunks.

3. Mix mayonnaise, yogurt, mustard, pickle juice, and seasonings. Add to bowl and toss to coat vegetables.

4. Cover and refrigerate.

Chicken Cutlets:

1. Mix panko, parmesan cheese, and all dry ingredients in a bowl.

2. Beat eggs lightly and stir in Greek yogurt, lemon juice, and zest.

3. Add canola oil to pan, heat on medium.

4. Dip chicken into egg mixture and then into crumb mixture. Add to hot oil.

5. Cook 2-3 minutes on each side until golden brown.

6. Remove from pan to platter and blot with paper towel. Serve with chilled cauliflower salad.

ANALYSIS:

Calories 335 Protein 24 g Total Fat 19 g Carbohydrates 18 g Sodium 392 mg Potassium 579 mg Phosphorus 268 mg



Chicken Enchilada Casserole Serves 8 (Serving Size 1 cup)

DIRECTIONS:

1. Mix the shredded chicken, cream cheese, and diced tomatoes with green chiles.

2. Spray bottom of a slow cooker with cooking spray. Add 1/3 cup salsa verde to bottom of crockpot.

3. Layer 1/3 of the tortillas on top of the salsa.

4. Top tortillas with 1/2 of chicken mixture and top with 1/4 cup cheese.

5. Layer with 1/3 cup salsa then repeat with layer of 1/3 of the tortillas, 1/2 of chicken mixture and 1/4 cup cheese. 6. Top with remaining tortillas, salsa, and cheese.

7. Cover and cook on low for 4-5 hours.

8. Serve warm. Add one tablespoon of sour cream and fresh chopped jalapenos, if desired (not included in nutrient analysis).

ANALYSIS:

Calories 271 Protein 20 g Total Fat 16 g Carbohydrates 10 g Sodium 444 mg Potassium 317 mg Phosphorus 228 mg



Turkey Stuffed Cabbage Rolls with Roasted Red Pepper Sauce

Serves 6 (Serving Size: 2 Cabbage Rolls)

INGREDIENTS:

For the Rolls 1 cabbage 1 pound 97% lean ground turkey 1 egg 1 ½ cups yellow or white onion, finely chopped 1 cup cooked white rice ¼ cup water 1 clove garlic, finely chopped For the Sauce

2 fresh red peppers, quartered, seeded
1 tbsp. olive oil
1 ½ tsp. ground black pepper
1 tsp. worcestershire sauce
1 tsp. paprika
½ tsp. ground cumin
¼ tsp. chopped oregano
½ tsp. dried thyme leaves
2 tsp. lemon juice
½ cup water
2 tbsp. fresh chopped basil (optional)

DIRECTIONS:

1. Bring a large pot of water to boil over high heat. Boil whole cabbage for approximately 3–5 minutes, until soft. Separate 12 large cabbage leaves from the head. Remove from water, and set aside.

2. Place red peppers on a baking sheet, skin side up. Lightly brush peppers with olive oil and place under oven broiler. Remove the peppers once the skins have blackened. Place the peppers in a plastic container until they are cool enough to handle, and remove the skins. Transfer to a processor or blender and puree.

3. Whisk together red pepper puree, black pepper, worcestershire sauce, paprika, cumin, oregano, thyme, lemon juice and ½ cup of water.

4. In a separate bowl, combine the cooked rice, egg, ¼ cup water, garlic, onion, and ground turkey. Add ¼ of the red pepper sauce and combine well.

5. Scoop ¼ cup of the ground turkey mixture onto the center of each cabbage leaf. Roll up the leaves, tucking in the ends.

6. Place each roll in the crock pot. Top with the remaining red pepper sauce and cover. Cook on low for 8–9 hours or on high for 4–5 hours. (Baking option: cover and bake the cabbage rolls in the oven at 375 degrees F, for 1½–2 hours)

7. Top finished cabbage rolls with fresh chopped basil, if desired.

ANALYSIS

Calories 225 Protein 18 g Total Fat 9 g Carbohydrates 18 g Sodium 78 mg Potassium 423 mg Phosphorus 213 mg

Have you been to a Kidney Walk? Tell us what you liked and why others should go!

My daughter and I attended the kidney walk in Cleveland, Ohio in 2014. It was an awesome experience to witness so much support. We will continue to walk the walk against kidney disease. *Carmelina B.*

This year was my second walk. I had so much fun and met a lot of new friends. If you've never done one, I would recommend it! *Patrice*

The Kidney Walk was amazing, especially with my family and friends supporting me to fight this disease and to raise awareness. I'm only 24 years old and I'm truly blessed to have a twin willing to be my donor and giving me a second chance at life. I couldn't ask for anything more. *Victoria P*.

l've participated in two Kidney Walks in 2014. Walks are a great way to promote kidney disease awareness. Everyone should participate in at least one Kidney Walk. *Jervelle F*.

I spent 2 years on dialysis. Then I got a kidney transplant at Easter. My life has totally changed. I walk to promote living donors, because my wife was my donor. *Wayne S*.





For more Voices, visit www.kidney.org/kidneyliving People should join us in honoring those who give so much. They should come out and feel just how rewarding it is to be a part of giving the Gift of Life in any and all ways they feel fit. *Bill H*.

I am 25 years young, and I've been going to the annual Phoenix Kidney Walk since 2011. I am a kidney recipient and dialysis patient. What I love most about the Walks is not only the number of families joining to help, but the great booths that provide fun ways of learning about kidney disease and kidney failure! It also allows you to make new friends who are going through the same issues. *Priscilla S*.

This was my first Twin Cities Kidney Walk. It was an awesome experience to have so many people come together for support, positivity, encouragement, and love. I would definitely do this again and I would encourage others to participate as well. *Katie J.*

I've completed the Kidney Walk every year since I started dialysis. It is a great way to meet other people and a way to give back. It empowered me. I was blessed with a kidney 16 months ago and will continue to participate in my local walk for the rest of my days. *Marianne M*.





Patient Brief Summary:



Ask your healthcare provider for additional information. Please see accompanying Full Prescribing Information or visit www.Velphoro.com.

VELPHORO® (sucroferric oxyhydroxide) chewable tablet for oral use

Rx only

Velphoro (sucroferric oxyhydroxide) is a phosphate binder prescribed by your healthcare provider. Velphoro is indicated for the control of serum phosphorus levels in patients with chronic kidney disease on dialysis.

Take Velphoro as directed by your healthcare provider. Take Velphoro with meals. The Velphoro tablets must be chewed. Do not swallow them whole. If needed, you can crush the tablets to make chewing and swallowing easier.

If you missed one or more doses of Velphoro, remember to take Velphoro the next time you eat. Do not attempt to replace a missed dose.

Tell your healthcare provider if you have any of the following: peritonitis (an infection) during peritoneal dialysis, significant gastric or liver disorder, recent major gastrointestinal (GI) surgery, a history of hemochromatosis or other diseases that results in iron build-up in the body. People with these conditions were not included in clinical studies with Velphoro. While taking Velphoro, your healthcare provider will monitor your iron levels if you have any of these conditions.

Velphoro can cause side effects. The most common side effects are discolored feces (black stool), diarrhea, and nausea. Tell your healthcare provider if you have any side effect that bothers you or that does not go away. To report negative side effects associated with taking Velphoro, contact Fresenius Medical Care North America at 1-800-323-5188. You are encouraged to report negative side effects of prescription drugs to the FDA at 1-800-FDA-1088 or visit www.fda.gov/medwatch.

Velphoro should not be taken with oral levothyroxine. Tell your healthcare provider about all the medicines you take, including prescription and nonprescription medicines, vitamins, and other supplements. Velphoro can interact with other medicines.

Before taking Velphoro, tell your doctor if you are pregnant, plan to become pregnant or breast-feeding.

Velphoro chewable tablets are brown, circular, bi-planar, and are embossed with "PA 500" on 1 side. Each Velphoro tablet contains 500 mg iron (in 2,500 mg sucroferric oxyhydroxide). Velphoro are packaged as bottle of 90 chewable tablets, NDC 49230-645-51. Store Velphoro at controlled room temperature which is 25°C (77°F) with excursions permitted to 15 to 30°C (59 to 86°F). Store Velphoro in the original package and keep the bottle tightly closed in order to protect from moisture.

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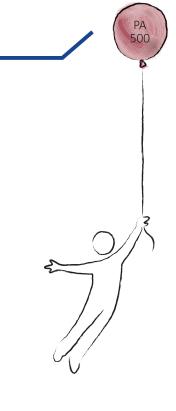


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Please see Brief Summary on the following page or visit www.Velphoro.com for full Prescribing Information.

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