

PRIMARY CARE 10 TOP TIPS

Advanced Kidney Disease

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- 1** Look out for patients identified by the renal team as nearing the end of their life – whether they are not starting, stopping or may still continue dialysis. Make sure they are added to the practice and out of hours end of life registers.
- 2** Check what conversations and advance care planning has already happened, including any decision about dialysis. Note where the preferred place of care and death is – and make sure you and the OOH service have good guidelines for treatments needed at the end of life.
- 3** No dialysis option does not mean a no treatment option. Active treatment for good symptom control is often very effective and remains important.
- 4** Kidney patients may look well and not complain of many symptoms but they can deteriorate quickly and may experience many of the whole range of symptoms of any palliative care patient. Anaemia is common and treatments for this such as erythropoietin should continue.
- 5** Where pain is an issue, the strong analgesics of choice are fentanyl and alfentanil (although the latter is not always readily available). These should be used in low doses to control the pain.
- 6** Avoid using nonsteroidal anti-inflammatory drugs (NSAIDs) early to avoid a further deterioration in renal function. They can be used at the very end of life for symptom relief and in patients receiving haemodialysis. Clonazepam is useful for neuropathic pain.
- 7** Symptoms of uraemia include lethargy, itchy skin (use emollients, antihistamines, ondansetron), lack of appetite, nausea and dry mouth.
- 8** Restless legs are common – they may respond to clonazepam, levodopa amitriptyline and gabapentin.
- 9** Fluid overload is less common than you might think. Prepare the patient and family for possible symptoms. Treat pulmonary oedema with sublingual nitrates and high dose diuretics, dyspnoea with low dose opioids and benzodiazepines.
- 10** Communicate throughout. Use advice from renal team or local palliative care teams. Inform the renal team of the patient's death if this occurs at home.

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