

PRIMARY CARE 10 TOP TIPS

With grateful thanks to Dr Jo Chambers and the palliative care and renal teams at Southmead Hospital

Caring for patients with advanced kidney disease at the end of life

1 Look out for patients identified by the renal team as nearing end of life. These are patients choosing not to go on dialysis, or deciding to stop dialysis. Ensure they are added to the practice palliative care register and that local out of hours and ambulance services are made aware.

2 No option for dialysis does not mean there is no option for treatment. There are a number of active treatments that will help improve quality of life – for instance, intravenous iron and erythropoietin stimulating agents (ESA) in anaemia and good symptom control is still important.

3 Kidney patients often look well and may not complain of symptoms, however, they can deteriorate quickly. They may experience a range of symptoms that any palliative care patient suffers: pain, nausea and vomiting,

dyspnoea, lethargy and fatigue, terminal restlessness and retained secretions.

4 Communicate throughout. Use the renal team even when you are managing the patient at home, bear in mind local palliative care and hospice teams. Inform the renal team of the patient's death if this occurs at home.

5 Fluid overload is less common than you might think. Treat dyspnoea and pulmonary oedema. Normal end of life symptomatic measures for breathlessness are appropriate and effective, including low dose opioids and benzodiazepines. Pulmonary oedema can be treated with sublingual nitrates, high dose diuretics. Ask advice about management from the renal team. Prepare the patient and family for possible symptoms.

6 Avoid using nonsteroidal anti-inflammatory drugs early in advanced kidney disease due to causing further deterioration in renal function. Do use at end of life if they ease symptoms. Clonazepam is useful adjuvant analgesia for neuropathic pain.

7 Pain can be common for advanced kidney patients, often worsened by co-morbidities. Strong analgesics of choice are fentanyl and alfentanil, they do not produce active metabolites in those with renal failure, but should be started in low doses.

8 Symptoms of uraemia include lethargy, itchy skin, nausea, lack of appetite, and dry mouth or bad taste. Check for anaemia if lethargy is pronounced. Emollients, antihistamines and ondansetron help itchy skin. Address dietary needs and ensure patients have access to good

nursing care and equipment at home.

9 Restless legs are common in renal failure – they may respond to clonazepam or levodopa. Other options are amitriptyline and gabapentin.

10 Check what conversations and advance care planning have already taken place. Kidney patients often have close relationships with renal and dialysis nurses. Note the preferred place of death – kidney patients are more likely to want to die in hospital due to close links with medical staff.

Reference:
Chambers Joanna, Brown Edwina, Germain Michael. *Supportive Care for the Renal Patient* Second Edition. 2010. Oxford University Press, New York.