

PRIMARY CARE 10 TOP TIPS

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

- 1** Look out for patients identified by 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 OOH end of life registers.
- 2** Check what conversations and advance care planning has already happened. 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 still 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.
- 5** Where pain is an issue, the strong analgesics of choice are fentanyl and alfentanil used in low doses.
- 6** Avoid using nonsteroidal anti-inflammatory drugs (NSAIDs) early to avoid a further deterioration in renal function but they can be used at the very end of life for symptoms. 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 or levodopa. Other options are amitriptylline 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.

Reference: 'Supportive Care for the Renal Patient.' 2nd Edition. (E. Chambers, Michael Germain and Edwina Brown).

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