Welcome to the IPRO ESRD Network Program

Patient Webinar: COVID-19: Renal Diet Adjustments

The webinar will begin promptly at 1:00PM. Thank you for your participation!
Patient Webinar Series: COVID-19: Renal Diet Adjustments

April 27, 2020
Welcome/Opening Remarks

Danielle Andrews
Community Outreach Coordinator
IPRO ESRD Network Program
Housekeeping Reminders

• This WebEx will be recorded and slides will be made available on the Network’s Website.
• All lines have been muted to eliminate background noise.

To ask a private question use the Chat section in the bottom right corner of your screen sending to All Panelists

To ask a question for the answer to be shared with all Attendees or Privately, use the Q&A section in the bottom right corner of your screen

Select a question, and then type your answer here, There is a 256-characters limit.

Send
Send Privately...
Network Program Overview
IPRO ESRD Network Service Areas
(2018 Network Annual Reports)

Network 2
NY
Patients: 30,337
Facilities: 305
Transplant: 13

Network 1
CT, MA, ME, NH, RI, VT
Patients: 14,856
Facilities: 199
Transplant: 15

Network 9
OH, KT, IN
Patients: 33,890
Facilities: 639
Transplant: 14

Network 6
NC, SC, GA
Patients: 50,539
Facilities: 760
Transplant: 10

IPRO ESRD Program
129,662
ESRD Patients
1,903
Dialysis Facilities
52
Transplant Centers
Mission Statement

The Mission of the IPRO End Stage Renal Disease (ESRD) Network Program is to promote health care for all ESRD patients that is safe, effective, efficient, patient-centered, timely, and equitable.
ESRD Network Role/Responsibilities

• Liaison with Department of Health (DoH) and Centers for Medicare & Medicaid Services (CMS)
• Lead State-Wide Quality Improvement Activities (QIAs) to improve quality of care for ESRD patients
• Promote patient engagement, education, and patient experience of care
• Provide technical assistance and grievance management for ESRD patients and providers
• Support ESRD data systems and data collection, analysis and monitoring for improvement
• Support emergency preparedness and disaster response
• Collaborate with Dialysis Facilities and Transplant Centers
COVID-19 Community Impact
COVID-19 and Patients

• The COVID-19 pandemic has created a complex and stressful situation for the ESRD community.
• Patients have stated having trouble adjusting to
  • Social distancing
  • External Stressors (behaviors of other people)
  • Fear of the unknown
  • Dialysis treatment changes (time, duration, seating)
    • Adjusting Renal Diets
    • Fluid Overload
    • Fluid Build-Up
Maria Elena Siciliano

Renal Dietitian
NYU Winthrop Hospital
Kenneth Teasley

Founder Member of Novocognia, Incorporated
ESRD Network Patient Advisory Committee (PAC) Advisor
National Patient Advocate/Educator and Subject Matter Expert
Adjusting Renal Diet
Objectives

- Review the role of Renal Diet in ESRD management
- Share personal perspective on ESRD management for people on dialysis
- Address patient-verbalized fears/ concerns during the Pandemic
- Provide Diet Adjustment tips
- Direct patients to available resources
Renal Diet

• A renal diet for patients on dialysis is usually one that is low in sodium and phosphorous and has fluid restriction. Protein needs are higher for people on dialysis. Emphasis is placed on consuming high-quality protein from sources such as egg, fish and chicken. Some patients may also need to limit potassium and calcium intakes.
Renal Diet—Why?

• With end stage renal disease (ESRD), the kidneys are unable to do the many jobs they used to perform to keep the different systems and organs of the body working well. The job of removing wastes and extra fluid and nutrients may either be significantly reduced or completely gone in ESRD—disrupting homeostasis or balance inside the body.

• Dialysis and adjusting food and fluid intakes help reduce both the build up of excesses in the body/blood and the need for hospitalization.
ESRD Management—My perspective

QOL
Quality of Life

- Goals, Motivations, Purpose
- Adequate Dialysis
- Meds & Mgt of Co-morbidities
- Renal Diet
- Rest & Sleep
- Appropriate Physical Activity
- Support Systems
COVID-19 and Dialysis Treatment

• COVID-19 has created a difficult and complex situation for dialysis facilities which consequently affects patients

• Facilities have changed treatment times, treatment duration, treatment days and treatment policies to adapt to the ongoing crisis
COVID-19 and Dialysis Patients

• The COVID-19 pandemic has created a complex and stressful situation for the ESRD community.

• Access to constant news and media coverage, and medical and public health websites have caused information overload and may have increased patients' anxiety.

• Patients have stated having trouble adjusting to
  • Social distancing
  • External Stressors (behaviors of other people)
  • Fear of the unknown
  • Dialysis treatment changes (time, duration, seating)
ESRD Management in a Pandemic—My perspective

SAFETY
Information
Education
Mandates

Support Systems

Goals Motivations Purpose

Adequate Dialysis

Meds & Mgt of Co-morbidities

Appropriate Physical Activity

Rest & Sleep

Renal Diet

DIET Adjustments

Survival
Addressing Patient Concerns

• Be and stay informed
• Follow mandates and instructions for safety
• Social distancing-- as much as possible
• Wear a mask when sick and/or with other people
• Practice hand hygiene

• Be and stay as well as you can as a dialysis patient
• Plan how to access food. Practice food safety
• Consult your Interdisciplinary Team as needed (MD, RN, SW, RD)
• Reach out to your ESRD Network as needed
• Ask for help or receive assistance when offered
• Remember: NO concern or question is wrong!
Renal Diet Adjustments in a Pandemic

To stay as well as you can, reduce need for extra dialysis and/or hospitalization, and when dialysis treatment time is shortened…

• Adhere to your daily allowances for Potassium, Sodium, and Fluid more religiously. If with diabetes, control Carbohydrate intake and blood sugar per your endocrinologist’s advice.

• Avoid over-eating Proteins. Consume 6 – 8 oz of good proteins / day depending on your height and weight.

• Do not take mega-doses of VitC and/or Zinc or take other supplements without consulting your Interdisciplinary Team. If prescribed by your doctor—follow orders.

• Check your weight daily and adjust fluid intake accordingly. Aim at gaining no more than 1 kg /day in between dialysis. (1.5 kg – 2 kg/ day for those 300 lb or heavier) 1 L (32 oz) of fluid is about 1 kg in weight. Remember that sodium and sugar drive thirst up.

• When dialysis is inaccessible—implement the Emergency Meal Plan
When you can’t get treatment, the extra water and wastes in your body can cause problems.

“The best way to get ready for an emergency is to plan BEFORE one happens.”
# KCER 3-Day Emergency Diet

## 3-Day Emergency Diet Shopping List

This shopping list is for six days of foods and water, so you can repeat the 3-Day Emergency Diet a second time, if needed.

Review this list with your dietitian to tailor it for your needs.

### DRINKS
- Water is the best choice to drink.
- No sport drinks or beverages that contain phosphate

<table>
<thead>
<tr>
<th>WHAT TO BUY</th>
<th>HOW MUCH TO BUY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distilled or bottled water</td>
<td>1 to 2 gallons</td>
</tr>
<tr>
<td>Dry milk OR evaporated milk</td>
<td>3 packages of dry milk OR 4 cans of evaporated milk (8 ounces each)</td>
</tr>
<tr>
<td>Cranberry, apple, or grape juice</td>
<td>6 cans or boxes (4 ounces each)</td>
</tr>
</tbody>
</table>

### FOOD

<table>
<thead>
<tr>
<th>WHAT TO BUY</th>
<th>HOW MUCH TO BUY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cereal. No bran, granola, or cereal with dried fruit or nuts.</td>
<td>6 single-serving boxes (or 1 box)</td>
</tr>
<tr>
<td>Fruit, or “fruit cups,” with pears, peaches, mandarin oranges, mixed fruit, applesauce, or pineapple packed in water or juice. No heavy syrup, raisins, or dried fruit.</td>
<td>12 cans (4 ounces each)</td>
</tr>
<tr>
<td>Low sodium asparagus, carrots, green beans, peas, corn, yellow squash or wax beans. No dried beans such as pinto, navy, black, ranch style or kidney. No potatoes or tomatoes.</td>
<td>6 cans (8 ounces each)</td>
</tr>
<tr>
<td>Low sodium or No-salt added Tuna, Crab, Chicken, Salmon, or Turkey</td>
<td>6 cans (3 ounces or 4 ounces each)</td>
</tr>
<tr>
<td>Unsalted peanut butter or almond butter</td>
<td>1 jar</td>
</tr>
<tr>
<td>Mayonnaise</td>
<td>3 small jars (or 8 to 12 single-serve foil wrapped packs)</td>
</tr>
<tr>
<td>Jelly (if you don’t have diabetes)</td>
<td>1 small jar</td>
</tr>
<tr>
<td>Sugar-free Jelly (if you have diabetes)</td>
<td>1 small jar</td>
</tr>
<tr>
<td>Vanilla wafers, Graham crackers, or Plain unsalted crackers</td>
<td>1 box</td>
</tr>
<tr>
<td>Sugar-free candy, like sourballs, hard candy</td>
<td>1 package</td>
</tr>
</tbody>
</table>

2 Day Emergency Renal Diet, August 2015
## KCER 3- Day Emergency Diet

### Food That Will Spoil

<table>
<thead>
<tr>
<th>菪</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jelly beans, or mints</td>
<td>1 Jumbo Pack</td>
</tr>
<tr>
<td>Sugar-free Chewing Gum</td>
<td></td>
</tr>
<tr>
<td>White bread</td>
<td>1 loaf</td>
</tr>
</tbody>
</table>

**NOTE:**
If you have diabetes, you may wish to avoid the following foods. Speak to your dietitian.

<table>
<thead>
<tr>
<th>Food</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sourball candy, hard candy, jelly beans, or mints</td>
<td>1 package</td>
</tr>
<tr>
<td>Honey</td>
<td>1 small jar</td>
</tr>
<tr>
<td>White sugar</td>
<td>Small box (or box of sugar packets)</td>
</tr>
<tr>
<td>Marshmallows (optional)</td>
<td>1 bag</td>
</tr>
</tbody>
</table>

### Options to Season Your Food

- 1 small bottle of olive or vegetable oil, plain or flavored
- 1 small bottle of balsamic or flavored vinegar
- Salt-free seasonings, spices and dried herbs such as cinnamon, dill, oregano, rosemary, garlic powder, and onion powder

### Pediatric Diet Plan

Talk to your doctor and dietitian about what to feed infants, children, and teens that are on dialysis. Children’s food will need to be adjusted for their age and weight.

### Do Not Have These Foods

These foods are **NOT** recommended for your 3-Day Emergency Diet:

- Sport drinks and drinks with phosphate
- Powdered drink mixes
- Bran
- Granola
- Cereal with dried fruits or nuts
- Heavy syrup, raisins, or dried fruit in canned fruit or fruit cups
- Dried beans such as pinto, navy, black, ranch style or kidney beans
- Potatoes
- Tomatoes

### Restrict Fluid Intake

Using a fluid plan will help you avoid trouble with breathing and swelling. Speak to your healthcare team about how much fluid you can have.

Remember that all fruits and vegetables contain water.

**Tips to Help Reduce Your Thirst**

- Suck on hard candy
- Chew gum
- Limit salt intake
- Have a mix of sugar candy and unsweetened candy
- Rinse your mouth out with mouthwash
Resources

• KCER 3-Day Emergency Diet (English)

• KCER 3-Day Emergency Diet (Spanish)

• National Kidney Foundation: Emergency Meal Planning for Patients on Dialysis

• CMS Emergency Preparedness for Facilities

• AAKP: Emergency Preparedness

• Network Weekly: Patient COVID-19 Resources

• Network Weekly: Patient COVID-19 Resources
Sources

- Fresenius Kidney Care: “Why your fluid intake matters on dialysis”
- Cleveland Clinic: Renal Diet Basics
- Nephcure Kidney International: Renal Diet
- KCER 3-Day Emergency Diet (English)
Questions or Comments?
Closing Remarks/Next Steps
Next Steps

• Please complete the post-webinar survey to provide your feedback!
• Please note the slides and recording of this webinar will be made available after the presentation
• Look out more for e-mails about our upcoming patient webinar series
Thank You!

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