

Oxford Kidney Unit

# A guide to conservative kidney management

Information for Healthcare Professionals



## What is conservative kidney management?

Some people with advanced kidney disease (chronic kidney disease stage 5) choose not to have treatment with dialysis. This is usually because they have other medical problems which may mean they are frailer. They might feel that dialysis would not prolong their life and/or could cause them to have poor quality of remaining life.

In such situations it is important for all concerned to have a clear view of the advantages and disadvantages of dialysis for the individual patient. Each patient's particular problems and circumstances need to be considered. This decision involves much discussion between the patient, relatives, carers and the renal team.

Once a decision has been made for conservative kidney management, on-going care for these patients will still be provided by the renal team, the primary care team and possibly the palliative care team. Each patient will have a renal consultant who they may continue to visit as an outpatient for as long as they wish to. They will also have a named conservative management renal nurse (based at their renal unit) who the patient, their carers and the district/community primary care team can liaise with easily about any concerns.

## **The aims of conservative kidney management:**

- To protect and maintain remaining kidney function.
- To prevent or treat symptoms of advanced kidney disease.
- To maintain an acceptable quality of life.
- To ensure appropriate arrangements are made for care if patients are increasingly unwell; this includes end of life care.

For some patients with a very slow decline in renal function, there may be many months or years of conservative management. Measures to protect and maintain kidney function include the management of:

- hypertension
- renal anaemia
- blood glucose
- hyperlipidaemia and hyperphosphateaemia
- advice regarding lifestyle and diet.

## When a patient reaches Chronic Kidney Disease (CKD) stage 5

When a patient reaches stage 5 of CKD the amount of symptoms generally increase.

Common symptoms include:

- fatigue
- pain
- dyspnoea
- itching
- constipation
- restless legs
- nausea and vomiting
- anxiety
- depression.

Some of these symptoms may occur due to other co-morbid conditions, rather than renal failure. Uraemic symptoms, such as nausea, vomiting and drowsiness, may not develop until late in the illness.

Most of the advice in palliative care guidelines is applicable to patients with renal disease.

Advice on the best drug usage for these patients is always available from the renal team or palliative care team. If you are working in the Oxford University Hospitals NHS Foundation Trust, please refer to the Palliative Care intranet site.

For information on symptom control, drug dose recommendations and medication at the end of life, use UpToDate.

Website: [www.uptodate.com/contents/conservative-care-of-end-stage-renal-disease](http://www.uptodate.com/contents/conservative-care-of-end-stage-renal-disease)

## Anticipated symptoms as kidney function starts to worsen

Possible symptom	Treatment
Anaemia – causing fatigue, dyspnoea, exacerbation of restless legs and low mood.	Iron supplementation and erythropoietin replacement for as long as is beneficial to maintain Hb 10-12g/dl.
Acidosis	This is usually treated with sodium bicarbonate tablets.
High potassium levels	Review current medication, especially potassium retaining drugs.  Renal dietitian will provide advice on diet.  Provide acute treatment depending on clinical condition, considering patient's wishes and prognosis. It may not be appropriate to treat high potassium if the patient is in the last days of life.
High phosphate levels	Renal dietitian will provide advice on diet. Phosphate binders may be considered for as long as is tolerated.
Itching – can be due to high phosphate levels.	Exclude other causes of itching.
	Encourage use of emollients and/or antihistamines.
	Medications that some patients may find helpful if the itch is severe or resistant include those used for treating neuropathic pain, such as pregabalin and gabapentin. This can be discussed further with the renal team, if needed.

<b>Possible symptom</b>	<b>Treatment</b>
Nausea and vomiting	Regular anti-emetics can be used. In the end of life stage, dietary restrictions can be relaxed.
Pulmonary oedema and/or general oedema	This is usually treated with diuretics. Fluid and salt restriction may or may not be appropriate, depending on the clinical circumstances.
Pain	Patients with renal failure have altered pharmacology needs. Which drug is used depends on how it is excreted and whether it is nephrotoxic. Pain should be addressed using the World Health Organisation (WHO) recommendations, including the modified WHO analgesic ladder.

## Planning for the future

Advance planning and good liaison with other relevant professionals is vital. This improves the chances for individuals to end their life in a place and manner of their choosing (as far as possible).

Some patients may wish to put in place an Advanced Care Plan – this can be explored by the primary care team or by the renal team, as appropriate. The National Council for Palliative Care have produced a leaflet for healthcare professionals:  
[www.ncpc.org.uk/sites/default/files/AdvanceCarePlanning.pdf](http://www.ncpc.org.uk/sites/default/files/AdvanceCarePlanning.pdf)

Occasionally renal patients will have sudden deteriorations or acute hospital admissions, which may improve after treatment. During the final stages of their illness it may be hard to predict when hospital treatment is required, whilst at the same time trying to avoid inappropriate hospital admissions.

Good collaboration between renal, palliative care and primary care professionals is the most likely way to deliver the best possible care. Nurses at the renal unit are using a number of quality of life measures to explore symptoms with patients, including the Palliative Care Outcome Scale (iPOS) and Visual Analogue Scale (VAS). Any patients highlighted that may need more support are identified on a supportive care register and the renal team will liaise with the primary care team.

Follow-up for the family may be needed after the patient has died. Renal unit staff are available to speak to should the family members wish.

To discuss an individual patient in more detail you can contact their consultant/nurse at their local renal unit.

Out of hours, the Renal Registrar who is on call at the Churchill hospital will be available for advice. Please telephone the Hospital Switchboard:

Tel: **0300 304 7777**

If you have a specific requirement, need an interpreter,  
a document in Easy Read, another language, large print,  
Braille or audio version, please call **01865 221 473**  
or email **PALS@ouh.nhs.uk**

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