

KNOW YOUR DIALYSIS NUMBERS

WHY IS KNOWING YOUR NUMBERS IMPORTANT?

Knowing your numbers will help you to:

- Assess for yourself how well your treatment is going
- Explain some of your symptoms
- Know if your treatment needs changing
- Compare your results with national targets

HOW DO I FIND OUT MY NUMBERS?

You should be told your numbers by hospital staff when you attend for appointment or during a home visit. **If not, ask for them.** Staff should be able to discuss your numbers with you.

Always check the local normal range for the numbers with staff as it may vary between hospitals; and alter the targets for some bloods.

PERSONAL DETAILS

Name	
Address	
	Postcode
Renal Unit	
Renal Nurse	



**NATIONAL
KIDNEY PATENTS'
Helpline**

0845 601 02 09 Calls charged at local rate
The patients' helpline, run by patients - for patients

 **www.kidney.org.uk**
KNOW YOUR DIALYSIS NUMBERS

National Kidney Federation

The Point, Coach Road, Shireoaks, Worksop, Nottinghamshire S81 8BW
Tel: 01909 544999 Fax: 01909 481723 E-mail: nkf@kidney.org.uk
Website: www.kidney.org.uk
Charity No. 1106735 Company No. 5272349 Registered in England & Wales
Give as You Earn contributions No. CAF. GY511

STANDARD	HAEMODIALYSIS	PERITONEAL DIALYSIS	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Haemoglobin	10.5 - 12.5g/dl	10.5 - 12.5g/dl											
Calcium	Local normal range	Local normal range											
Phosphate	1.1 - 1.8 mmol/l	1.1 - 1.8 mmol/l											
Cholesterol	< 5.0 mmol/l	< 5.0 mmol/l											
Potassium	< 3.5 to 6.5 mmol/l	< 3.3 to 5.5 mmol/l											
Bicarbonate	20 - 26 mmol/l	Within local normal range											
Parathyroid Hormone (PTH)	2-4 x upper limit Local normal range	2-4 x upper limit Local normal range											
Systolic BP	≤140 mmHg (pre-HD)	≤130 mmHg											
Diastolic BP	≤90 mmHg (pre-HD)	≤80 mmHg											
Adequacy	URR ≤65% or KT/V ≤ 1.2	CC >50l/week or KT/V >1.7 for CAPD (65l/week and >2.0 for APD)											

WHAT ARE THE NUMBERS MEASURED

Haemoglobin: (Hb) is the substance in red blood cells which carries oxygen around the body. Too low a level of Hb is known as anaemia. Anaemia causes tiredness, shortness of breath and paleness - it may need treatment with iron or with erythropoietin (EPO) injections.

Calcium and **phosphate:** are the most important minerals in your bones. Levels of calcium and phosphate act like a see-saw - if one rises the other falls. Phosphate rises in renal failure, and may cause itching. Calcium tends to fall.

Albumin: is an important protein in your blood. Low levels may indicate that you may be undernourished or that you have been unwell recently.

Potassium: is a mineral that is normally removed by the kidneys and by dialysis. Too high or too low a potassium level may cause a disturbance to the rhythm of your heart.

Bicarbonate: The kidney helps to maintain the balance of acid in the body. In renal failure the body retains too much acid and this causes a low level of bicarbonate in your blood.

Parathyroid hormone: (PTH) becomes very high in renal failure to restore normal calcium levels. This is one cause of renal bone disease. Phosphate binding tablets (e.g. CalciChew) and Vitamin D (e.g. alfacalcidol) help prevent this.

Blood pressure: is the pressure produced by the heart to pump blood round the body. Too high a blood pressure increases the risk of heart attacks and strokes and is treated by blood pressure tablets.

Urea and creatinine: are two of the most important waste products removed by the kidneys. Hospital staff use complicated numbers derived from the urea and creatinine numbers to measure **dialysis adequacy** - URR, KT/V and CC.