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 all 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

Renal Unit

Renal Nurse

NATIONAL KIDNEY PATIENTS' Helpline

The patients' helpline, run by patients – for patients

0845 601 02 09 calls charged at local rate

nkf National Kidney Federation representing patients www.kidney.org.uk

The NKF patient helpline is being supported by: The National Lotteries Board, the Department of Health and Fresenius Medical Care

Standard	Haemodialysis	Peritoneal dialysis	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Haemoglobin	⩾10 g/dl in >85% of patients	⩾10 g/dl in >85% of patients												
Calcium	Local normal range	Local normal range												
Phosphate	1.2-1.7 mmol/l	1.1-1.6 mmol/l												
Albumin	Local normal range	70% of patients in the local normal range												
Potassium	3.5-6.5 mmol/l	3.3-5.5 mmol/l												
Bicarbonate	Local normal range	Lower local normal to upper local normal + 3 mmol/l												
Parathyroid Hormone	2-3 x local normal range	2-3 x local normal range												
Systolic BP	⩽160 mmHg aged over 60 ⩽140 mmHg aged under 60	⩽160 mmHg aged over 60 ⩽140 mmHg aged under 60												
Diastolic BP	⩽90 mmHg	⩽90 mmHg												
Adequacy	URR ⩾65% or KT/V ⩾1.2	CC >501/week or KT/V. 1.7 for CAPD (651/week and 2.0 for APD)												

What numbers are 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.

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