

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 target values.

Personal Details

Name _____

Address _____

Renal Unit _____

Renal Nurse _____



NATIONAL KIDNEY PATIENTS' Helpline

0845 601 02 09 calls charged at local rate

www.kidney.org.uk

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

KNOW YOUR TRANSPLANT NUMBERS

Standard	Target	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Creatinine	Ask your doctor													
Haemoglobin	11-16.5 g/dL for women, 12-18 for men													
White cell count	4-11 x 10 ⁹ /L													
Potassium	3.5 to 5.5 mmol/L													
Systolic BP	≤ 160 mmHg aged over 60, ≤ 140 mmHg aged under 60													
Diastolic BP	≤ 90 mmHg													
Cholesterol	Under 5.5 mmol/L													
Weight	Ask your dietitian													
Drug level	Ask your doctor or nurse													

Definitions

Creatinine: Creatinine is an important waste product removed by the kidney. A low level in the blood means the kidney is working well, a high level means the kidney is working less well. There is not a 'normal' range for creatinine in transplant patients but the average creatinine level in transplant patients is 150 μmol/L.

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.

White cell count: White cells are found in the blood and are an important part of the body's defence against infection. Too low a level can mean there is a risk of infection.

Potassium: 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.

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

Weight: Weight gain occurs in almost everyone after a transplant. This is a good thing up to a point, because many people on dialysis are under their natural weight. However, excessive weight gain must be avoided.

Cholesterol: Cholesterol is a type of fat carried in the blood. Fatty narrowings of blood vessels, which can cause heart attacks, are more likely to occur if the cholesterol level is too high.

Drug level: Some of the anti-rejection drugs prescribed to transplant patients work best when the concentration of the drug in the blood is in a target range. Unfortunately, different people require different doses of these drugs to get to the target range, and individuals may need frequent dose changes to keep their blood level in this target range.

SUPPORTED BY AN EDUCATIONAL GRANT FROM WYETH LABORATORIES

