

RENAL DISEASE *care***Hospice for Renal Disease**

Reasons to choose Kansas Hospice Care for Patients with Renal Disease

Our Mission is to provide the highest level of comfort and care, honoring and respecting the dignity of each individual, and enhancing the quality of living at the end of life, under the guidance of Christian principles.

To make a referral or for additional information call your local office or submit a request on our website
www.kansashc.com



KANSAS
Hospice Care

We develop individualized plans of care – as Renal Disease progresses, patients experience functional and physiological decline. We will develop a POC that addresses anxiety, pain, weakness, edema, skin care, shortness of air, bleeding, recurrent infections, diarrhea, nutrition, hydration, muscle cramps, insomnia, psychological and assistance with ADLs - all common problems associated with Renal Disease.

We care for patients wherever they call home –whether in their own home, a caregiver's home, a long term care facility or an assisted living community.

We will coordinate the individualized plan of care with the advice and consent of the patient's physician. The case manager will ensure that information flows between all physicians, nurses, social workers, aides, volunteers, and, if appropriate, clergy.

We will supply all medications, medical supplies and medical equipment related to the diagnosis to ensure patients have everything they need.

We will support the patient as well as the family emotionally and spiritually providing the resources to help both maintain their emotional and spiritual well-being.

We will train the caregiver on how to provide basic care to ensure the patient is comfortable and safe in the home. As the patient gets weaker, symptoms increase and communication becomes more difficult, we educate on how to best continue care.

Hospice Criteria for Patients with Renal Disease**DIAGNOSIS OF RENAL DISEASE**

(should have 1, 2, and 3)

1. Not seeking dialysis or treatment
2. Creatinine clearance of <10 cc/min (<15 cc/min for diabetics)
3. Serum creatinine >8.0 (>6.0 for diabetics)

Other Factors:

ACUTE

- ♦ Malignancy
- ♦ Mechanical ventilation
- ♦ GI bleeding
- ♦ DIC
- ♦ Platelet count < 25,000
- ♦ Sepsis
- ♦ Albumin <3.5
- ♦ Asterixis
- ♦ Cachexia
- ♦ Advanced cardiac, pulmonary or liver disease

CHRONIC

- ♦ Uremia
- ♦ Oliguria
- ♦ K+ > 7
- ♦ Uremic pericarditis
- ♦ Hepatorenal syndrome
- ♦ Anasarca

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