CKM Sodium/Fluid Statement for Healthcare Professionals

Guiding Principles: We recommend promoting quality of life and maintaining adequate nutrition through liberalizing the diet.

Sodium and fluid should only be restricted to assist with symptoms of fluid overload, such as breathlessness or peripheral edema.

Sodium Intake

- Dietary sodium restriction can influence palatability. The intake of sodium should not be restricted unless patients have **symptoms due to volume overload**.
- Dietary sodium restriction of less than 2 g sodium/day may assist with volume control (See: AHS Sodium Foods Brochure).

Fluid Intake

- The recommended daily fluid intake should be **guided by the patient's thirst** (unless otherwise indicated by physician) (See: AHS What are Fluids Brochure).
- Unless otherwise noted, fluid intake is unrestricted.
- Fluid restriction may be indicated by the physician in view of co-morbidities.
- Fluid depletion from over-restricted fluid intake and/or excessive diuretic use can aggravate pre-existing CKD. In such cases and in those with high obligatory fluid output or salt losing nephropathy, fluid restrictions should be avoided.
- For patients who are volume overloaded and symptomatic, it's **most important to restrict the sodium intake** (see above), although a fluid restriction is sometimes needed.

Consider rehydration if patients are not able to drink orally

- Assess for possible factors contributing to poor oral intake: nausea, oral candidiasis, lack of appetite, altered taste.
- If **dehydration is contributing** to signs and symptoms of fatigue, perceived thirst, constipation, hyperactive delirium and/or opioid-induced neurotoxicity:
    - Consider ordering hypodermoclysis (HDC) for rehydration. **Consider the benefits of rehydration in contrast to potential burdens** which may include: increasing pulmonary edema, ascites, and pulmonary and gastrointestinal secretions.
        - Consider ordering: Normal Saline by hypodermoclysis, maximum 500 ml per 24 hours PRN, based on severity of dehydration.
        - Hydration by SC route (HDC) is preferred over the IV route in this patient population for: economic feasibility, increased site access, feasibility for home management, increased patient mobility and increased patient self-management.
        - Consider a referral to home care to support the management of hypodermoclysis.

Special Considerations at the End of Life:

As a patient's condition deteriorates, sodium and fluid restrictions should be discontinued. Similarly, consider discontinuing hypodermoclysis when a patient has days-to-hours to live.

Conservative Kidney Management Acronym Legend

Acronym:	Intended Meaning:
ATC	Around the Clock
BID	Twice Daily
CKD	Chronic Kidney Disease
CKM	Conservative Kidney Management
COPD	Chronic Obstructive Pulmonary Disease
CO2	Carbon Dioxide
EOL	End of Life
ESA	Erythropoietin Stimulating Agent
ESKD	End Stage Kidney Disease
GFR	Glomerular Filtration Rate
GI	Gastrointestinal
g/L	Grams per litre
HgB	Hemoglobin
IN	Intranasal
IU	International Units
IV	Intravenous
kg	Kilogram
mcg	Microgram
mg	Milligram
mL	Millilitre

Acronym:	Intended Meaning:
mmol/L	Millimole per Litre
OTC	Over the Counter
PO	By Mouth
PRN	As Needed
NSAID	Non-steroidal Anti-inflammatory Drugs
q(1-8)d	Every (Time Eg, 2) Days
q(1-8)h	Every (Time Eg, 4) Hours
q(1-8)weeks	Every (Time Eg. 2) Weeks
QHS	At Bedtime
RLS	Restless Leg Syndrome
SC	Subcutaneous
SL	Sublingual
SNRI	Serotonin and Norepinephrine Reuptake Inhibitors
SSRI	Selective Serotonin Reuptake Inhibitors
TCA	Tricyclic Antidepressant
TID	Three Times a Day
>	Greater Than
≥	Greater Than or Equal To
<	Less Than
≤	Less Than or Equal To