Health Care Professional (HCP) Crisis Action Plan for Patients who have chosen Conservative Kidney Management

Patient label placed here (if applicable) or if labels are not used, minimum information below is required.

Name *(last first)*
Birthdate *(yyyy-Mon-dd)*
Gender
PHN

Patients: In the event that you or your loved one needs to call 911 or go to an emergency department, please give the health care professionals caring for you this sheet. It will inform how they should care for your symptoms, keeping in mind that you have chosen **Conservative Kidney Management**.
We **strongly recommend** you keep this sheet in **your Green Sleeve.**

HCPs: refer to the online clinical pathway to access *Symptom Guidelines & Algorithms* at www.ckmcare.com
The following are recommendations only, to be discussed with an OLMC/Physician consultation. These guidelines and rationale are commonly used for **crisis management** for patients with End Stage Kidney Disease.

Symptom:	Suggested Pharmacological Treatment:	Rationale for Client's with End Stage Kidney Disease:
PAIN	1. Fentanyl 12.5 mcg SC/SL/IN 2. Hydromorphone (Dilaudid) 0.2 mg SC (0.5 mg PO)	Fentanyl is fast-acting, has a short half-life, and is a preferred opioid for kidney failure. **Note that morphine is not recommended for patients with end stage kidney disease.** Even if a patient is actively dying, metabolites can accumulate and contribute to toxicity.
SHORTNESS OF BREATH	1. Furosemide (Lasix) 40 mg IV 2. Fentanyl 12.5 mcg SC/SL/IN 3. Hydromorphone (Dilaudid) 0.2 mg SC (0.5 mg PO) 4. Lorazepam (Ativan) 1 mg PO	**The most common cause of breathlessness in this patient population is pulmonary edema.** If the patient is still short of breath after furosemide treatment, consider opioids. **Opioids are the most effective drugs for the treatment of breathlessness in end-stage kidney disease.** Due to its fast action, fentanyl works well for breathlessness. **It is a preferred opioid for end stage kidney disease.**
NAUSEA/ VOMITING	1. Ondansetron (Zofran) 4 mg PO/SC 2. Metoclopramide (Maxeran) 2.5 mg PO/SC 3. Haloperidol (Haldol) 0.5–1 mg SC	If Zofran is ineffective, consider Maxeran 2.5 mg PO/SC. If nausea persists, consider Haldol 0.5–1 mg PO/SC. Do not give both haloperidol and maxeran: both are dopamine antagonists and can accumulate in end stage kidney disease. **Doses are typically reduced by 50%.** Haldol is being used off-label for nausea.
RESTLESSNESS/ CONFUSION	1. Haloperidol (Haldol) 0.5–1 mg SC 2. Midazolam (Versed) 1–5 mg SC	Haldol can accumulate in End Stage Kidney Disease. The dose is typically reduced by 50%. If agitation or restlessness persists, consider midazolam 1–5 mg SC.

Patient: ______________________________

Family Physician: ______________________________ Phone and Fax* Number: ______________________________

Home Care Case Manager: ______________________________ Phone Number: ______________________________

Chronic Kidney Disease Clinic: ______________________________ Phone Number: ______________________________

Pharmacy: ______________________________ Phone Number: ______________________________

*Family Physician fax number is required when patient does not have a Home Care Case Manager

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