Conservative Kidney Management Care Plan

Affix Patient Label here

Date CKM Chosen:_____ Care Plan last reviewed: _____(date)

GFR at time of decision: _____

☐ Patient's primary care provider is aware that patient has chosen CKM (letter sent): _____(date)

ADVANCE CARE PLANNING

☐ Advance Care Planning initiated: _____ (date)

☐ Advance Care Planning reviewed: _____(date)

☐ Personal Directive Completed: _____(date)

☐ Copy in green sleeve

☐ Signed Goals of Care Designation (GCD): _____(designation); _____(date)

☐ The patient's **decision for conservative kidney management is documented on the GCD order**. (Clearly states that the patient has chosen NOT to have dialysis.)

Preferred place of care: _____ Preferred place of death: _____

SYMPTOM MANAGEMENT

Complete symptom assessment at every visit using a validated tool (eg. ESAS:r-R or IPOS-renal).

Are there any identified psycho-social-spiritual needs? _____

Symptom Discussed	*Symptom management plan initiated (date)	Follow-Up
☐ Pruritus		
☐ Restless legs		
☐ Sleep disturbance/fatigue		
☐ Nausea +/- Vomiting		
☐ Pain		
☐ Breathlessness		
☐ Edema		
☐ Anxiety/Depression		
☐		
☐		

**The symptom management plan might include use of the symptom guidelines and corresponding patient materials.*

CRISIS MANAGEMENT

☐ Patient has a crisis action plan at home: _____(date)

☐ Patient has a contact list at home and knows who to call and when: _____(date)

☐ Patient and family know to keep their green sleeve on or near the fridge. They know to show it to EMS and/or take it with them if they go to the hospital: _____(date)

☐ Patient has a community case manager and everyone is aware of EMS Assess, Treat, and Refer:

_____(date)

CKD MANAGEMENT

Are current medications and investigations in line with the patient's identified goals and disease trajectory?

Hypertension	Target <160/90 or_____
Dyslipidemia	☐ Statin discontinued_____ (date) ☐ Patient will continue to take statin. Rationale: _____
Hyperkalemia	*Patient and family are aware of implications of treating/not treating high potassium levels:* _____ ☐ Implement CKM Hyperkalemia Guideline _____(date) ☐ Patient has prescription on hand for Kayexalate if appropriate ☐ Patient does not wish to monitor potassium _____(date)
Hyperphosphatemia	*Assess if patient has symptoms related to high phosphorus.* ☐ Implement CKM Hyperphosphatemia Guideline _____(date) ☐ Patient does not wish to monitor calcium/phosphorus _____(date)
Acidosis	*Explain possible benefits/burdens of treating acidosis.* ☐ Implement CKM Acidosis Guideline _____(date) ☐ Patient does not wish to monitor for acidosis_____ (date)
Anemia	*Patient is aware that treatment of anemia is for purposes of symptom management and will be stopped if no further benefit*: _____ ☐ Implement CKM Anemia Guideline _____(date) ☐ Patient does not wish to monitor for anemia _____(date)

COMMUNICATION AND REFERRALS

☐ Patient is aware of availability of homecare (homecare information given): _____(date)

When appropriate:

☐ Social work/spiritual care referrals have been made? SW:_____ (date) / SC:_____ (date)

☐ With patient's permission, referral has been made to homecare (via CCA): _____(date)

- ☐ Patient assigned to a Palliative Home Care team _____(date) / Contact: _____
- ☐ Community case manager: _____(name and contact #)
- ☐ (If in LTC, care manager: _____(name and contact #)
- ☐ Last contact with home care case manager:_____ (date)

(Recommend telephone contact every 3 months or as needed)

☐ Contacted GP to request palliative consult via CCA _____(date)
Reason(s):

☐ Contacted GP to request specialized geriatrics consult _____(date)
Reason(s):

END OF LIFE and BEREAVEMENT

☐ With patient's permission, confirm that Alberta Palliative Blue Cross form has been submitted (life expectancy approximately 3 months) – check with GP and/or homecare team.

☐ If patient wishes to die at home or in hospice, patient's goals of care designation is C1 or C2.

☐ Location of care 1 month before death_____

☐ Date and location of death _____ /_____

☐ After patient's death, condolence card sent and/or supportive telephone call made (if appropriate).

☐ If appropriate, bereavement package provided to family.