ASN HDU Home Dialysis Education Virtual Series: Cases

Session 9: Volume management in home dialysis

Topics:

- Volume management in:
  - peritoneal dialysis
  - HHD

Session Cases:

Case #1:

A 48-year-old diabetic female recently started on PD 4 months ago. She started on CAPD doing 4 exchanges a day of 2 L using 2.5% dianeal. She is noticing more leg edema and slight respiratory difficulties with exertion.

Q1: Why may she be accumulating fluid?

Q2: How does a PET test help you decide on how to alter her PD prescription to lessen edema?

Case #1 continued: Her PET test shows that she is a rapid transporter.

Q3: How should her prescription be changed?

Case #1 continued: She is now changed to CCPD for 6 hours, 4 exchanges, using 2.5% dianeal, 2L exchanges and now complains of thirstiness and headache in the am after getting off the cyler and her BP is higher.

Q4: What is likely happening, and how can this be managed?
Case #2:

A 60-year-old female has been on PD for 4 years. Her current prescription is CCPD, 5 cycles for 9 hours, using all 2.5% dianeal, 2L exchanges. She has lost most of her residual function over time. She takes 120mg of furosemide daily but reports little urine output. She is a rapid transporter per her PET test 4 years ago. Her monthly labs show a BUN 100/Cr-16. Her KT/V is 1.6.

Q1: How should her prescription be changed to get more UF?

Home Hemodialysis volume

Case #3: A 65-year-old male with ESKD due to DM and HTN initially started on in-center HD 2 years ago, and is now transitioning to home HD. He has minimal residual renal function. He has a well-functioning AVF and while he was on in-center HD, had poor BP control and rarely reached his dry weight goal due to severe cramping. He was encouraged to consider home hemodialysis due to difficulties with in-center HD. His BP meds while in-center were amlodipine 10 mg, valsartan 160 mg, and hydralazine 100 mg tid.

Q1: What important issues should be discussed with the patient during HHD training with regard to his change to home HD and his BP.