

Chronic Kidney Disease — *Personal Action Plan*

Date: _____

You are in charge of managing your chronic kidney disease (CKD) — and your Intermountain Healthcare team is here to help you. Use these tools to develop your own action plan and keep track of your progress at home.

Treatment guidelines

My current lab results

eGFR (estimated Glomerular Filtration Rate) _____

ACR (protein in the urine) _____

Blood pressure ___ / ___ HbA1c (if diabetic) _____

Lipids Panel _____

Other _____

My personal goals for managing my CKD are:

My healthcare team's treatment goals

Your team's treatment goals for preventing your CKD from progressing are:

eGFR _____

ACR _____

Blood Pressure _____

HbA1c (if diabetic) _____

Lipids _____

Other _____

My personal action plan

Besides **taking your medications** every day, other activities are also important. Choose **one or two** goals you will work on each week, like:

Trying food changes your dietitian marked (page 3)

Making lifestyle changes you selected (page 4)

My next appointment: _____

Bring this Plan to your appointment.

Local resources:

Care manager or health educator: _____

Local clinic phone and website: _____

Other consultants or providers: _____

Patient education resources

Write the date you received each resource checked.

Understanding CKD: _____

Kidney Disease, High Blood Pressure, and Urine Proteins: _____

Kidney Disease and Your Bones: _____

Kidney Disease and Potassium: _____

Kidney Disease and Phosphorus: _____

Kidney Failure: Your Options: _____

Dialysis: What's the Right Option for Me? _____

Kidney Transplant: Am I a Candidate? _____

Online resources

• intermountainhealthcare.org/kidney

• nationalkidneycenter.org

• kidney.org

• niddk.nih.gov/health-information/health-topics/kidney-disease/pages/default.aspx

MEDICATION — Your healthcare provider will check the medications you take.

Take your medications every day to help keep your CKD from getting worse.

These 3 medication types reduce protein in the urine and lower blood pressure.

ACE inhibitors

- lisinopril (Prinivil, Zestril)
- benazepril (Lotensin)
- enalapril (Vasotec)
- quinapril (Accupril)
- ramipril (Altace)

ARBs

- losartan (Cozaar)
- candesartan (Atacand)
- irbesartan (Avapro)
- valsartan (Diovan)

Calcium channel blockers (CCBs)

- amlodipine (Norvasc)
- diltiazem (Cardizem, Cartia, Dilacor, etc.)
- verapamil (Calan, Isoptin)

How I will remember to take this medication: _____

I will tell my provider if I have these side effects: _____

- ACE/ARB: Dry, hacking cough; swelling of mouth, tongue, eyelids; dizziness, headache, drowsiness, weakness
- CCB: Headache, flushed skin, ankle swelling

Diuretics — This medication type helps kidneys get rid of extra fluid and sodium through your urine. It is often combined with an ACE or ARB in one pill.

- hydrochlorothiazide (HCTZ)
- losartan/HCTZ combination
- furosemide (Lasix)
- lisinopril/HCTZ combination
- chlorthalidone (Thalitone)

How I will remember to take this medication: _____

I will tell my provider if I have these side effects: Dizziness, lightheadedness, headache, or blurred vision

Statins — This medication type helps prevent heart attacks and strokes and lowers cholesterol.

- atorvastatin (Lipitor)
- lovastatin (Altoprev, Mevacor)
- simvastatin (Zocor)
- rosuvastatin (Crestor)
- pravastatin (Pravachol)

How I will remember to take this medication: _____

I will tell my provider if I have these side effects: _____

Pain Relievers — I will NOT take more than 81 mg per day of aspirin unless the doctor who manages my CKD says it's okay. I will also NOT take NSAIDs (such as Advil).

Supplements (For some patients, supplements help manage anemia and protect bones.)

Elemental iron

Take 3 times a day, and not at same time as calcium.

Don't take at the same time as thyroid medications, antacids, or copper supplements.

Take only on an empty stomach, at least 2 hours before or after eating/drinking: bran, fiber, grains, nuts, soy, and vegetables; tea, coffee, and caffeine; red grape juice and wine; dairy and egg.

Calcium carbonate, 1,200–1,500 mg

Take 1 time a day, and not at the same time as iron.

Vitamin D _____ Take 1 time a day.

How I will remember to take these medications: _____

I will alert my provider if I have these side effects: Stomach upset, pain; constipation, diarrhea, nausea, vomiting

Possible problems with taking my medications as prescribed: _____

Things that will help me take my medications as prescribed: _____

KIDNEY HEALTHY EATING PLAN —

Choose 1 or 2 things to work on each week.

My Plan Week

To lower the amount of sodium (salt) in my food, I will:

1 2 3 4

Limit my sodium intake to _____ per day (less than 500 mg per meal and 250 mg each for 2 snacks per day).

Take the salt shaker off the kitchen table.

Read food labels to see which are high in sodium (more than 150 mg per serving).

Rinse canned foods before cooking and eating them.

Remove one, high-salt item from my diet this week.

At restaurants, ask for food with no added salt.

To lower the amount of protein in my food, I will:

1 2 3 4

Limit daily protein to _____ grams each day.

(Read food labels and use the chart below for help with non-labeled foods.)

Food Type	Grams of Protein	Food Type	Grams of Protein
meat, seafood, chicken	7 g per ounce	cheese	7 g per ounce
milk	8 g per 8-ounce cup	legumes	7 g per ½-cup serving
egg	6 g per egg	nut butter	7 g per tablespoon

To make sure I get enough to eat, I will:

1 2 3 4

Contact a dietitian for personalized diet help at _____.

Eat regular meals each day.

To lower the amount of potassium in my food, I will:

1 2 3 4

Eat these foods ONLY in small portions and **never more than once a day:**

- Starch: potatoes
- Vegetables: cooked spinach, winter squash, tomatoes/tomato-based sauces, avocado
- Fruits: bananas, oranges/orange juice, cantaloupe, honeydew melon

Avoid salt substitutes. Use herbs for flavoring instead.

Have no more than 1 dairy serving product a day.

Not eat or drink any herbal supplement without first talking with my kidney doctor.

To lower the amount of phosphorus I get, I will:

1 2 3 4

Limit phosphorus in my diet to no more than 1,000 mg daily.

Have no more than 1 dairy serving a day.

Eat these foods only occasionally (no more than once a week): peas and beans, nuts, organ meats (liver, kidney, etc.), colas, and chocolate.

Take Tums (a phosphorus binder) if my healthcare provider recommends it.

Possible problems for meeting my eating plan goals are: _____

Things that will help me meet my eating plan goals are: _____

LIFESTYLE —

Choose just 1 or 2 lifestyle goals to work on each week.

To increase my physical activity, I will:

Week 1 Week 2 Week 3 Week 4

Exercise at least 3 nonconsecutive days a week (for example, Monday, Wednesday, and Friday).

Start exercise slowly, and progress gradually.

Find an exercise partner.

Make sure that my breathing is not so hard that I can't talk to my exercise partner.

Take walks, go swimming, bicycle, ski, or sign up for an aerobic dance class.

Use low weights and high repetitions.

Exercise mornings or evenings, at least 1 hour after a meal or 1 hour before bedtime.

Other:

To reduce stress, I will:

Week 1 Week 2 Week 3 Week 4

Change my expectations.

Learn to say no.

Practice gratitude and joy.

To quit smoking, I will:

Week 1 Week 2 Week 3 Week 4

Identify a support program or team; call _____.

Talk with my doctor about medications that will help me succeed.

Set a quit date.

Possible problems for meeting my lifestyle goal(s) are: _____

Things that will help me meet my lifestyle goal(s) are: _____

WATCH FOR SYMPTOMS

I will call my healthcare provider if:

Week 1 Week 2 Week 3 Week 4

My weight goes up suddenly _____.

I get more tired or worn out than usual.

My ankles swell.

I get more lightheaded than usual when standing up.

I have unpleasant changes after taking new medications.