

Kidney Self-Management Plan

Name _____

Date _____

Green Zone: In Control



- ✓ I am breathing easily.
- ✓ I am not experiencing weight gain in excess of two pounds a day.
- ✓ I do not have swelling of my feet, ankles, legs, hands, or face.
- ✓ I am not experiencing chest tightness or pain.
- ✓ I am able to maintain my normal activity level.

Green Means I Should:

- ✓ Continue to take my medicine as ordered.

Yellow Zone: Caution



- ✓ I experience weight gain of more than 2–3 pounds in one day.
- ✓ I experience shortness of breath or trouble breathing when lying down.
- ✓ I have swollen feet, ankles, legs, hands, or face.
- ✓ I am more tired than usual.
- ✓ I have fever, chills, cough, or feel weak and achy.
- ✓ I do not have buzzing (thrill) in my fistula or graft.
- ✓ I have painful, hot, red or swollen skin, or drainage around my fistula, graft, or catheter.
- ✓ I have had diarrhea more than three times in a day, or vomited more than once a day.
- ✓ I do not feel well enough to go to dialysis.

Yellow Means I Should:

Act Today! Call VNA

- ✓ Call VNA Home Health:
1800-862-3330
- ✓ After discharge from home health services on __/__/__ call your doctor or healthcare provider: _____
(doctor's phone number)

Red Zone—Medical Alert!



- ✓ I am bleeding from my access that I cannot stop.
- ✓ I have a Central Venous Catheter (CVC) that has fallen out.
- ✓ I have trouble breathing.
- ✓ I experience an increased heartbeat.
- ✓ I am having trouble thinking clearly or am confused.
- ✓ I have chest pain or heaviness in my chest.
- ✓ I experience severe weakness, trouble walking, and tingling around the mouth.

Red Means I Must:

- ✓ **Take action!**
- ✓ **You need to go to the Emergency Room or call 9-1-1 immediately!**

Every Day

- I will weigh myself in the morning.
- I will eat low salt foods and plenty of protein.
- I will take my phosphate binders with my meals.
- I will keep the amount I drink to 3 cups (24 oz) plus my measured urine output amount each day as directed.
- I will keep track of all the fluids I drink and eat and stop when I reach my daily limit.
- I will not miss dialysis treatments, or cut them short.
- I will take my medications.
- I will keep all of my medical appointments.