



York Teaching Hospital
NHS Foundation Trust

Treating the symptoms of kidney failure

Information for patients, relatives and carers

Renal Department

The York Hospital and Scarborough Hospital

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① For more information, please contact:
The Renal Specialist Nurses on telephone number:
York: 01904 725486 or 721325

Caring with pride

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This is a guide to some of the symptoms that may develop in people who have severe kidney failure. These symptoms sound unpleasant. However, they can usually be controlled with appropriate treatment. You have requested more information about these symptoms and we hope you find this guide helpful.

Your GP has been given a booklet that outlines the symptoms and the treatments available. You will also have a named contact in the Renal Team. Their name and contact numbers are on page 10 of this booklet.

The Renal Team and your GP will be working together to manage your care. Please discuss any worries that you have with them. Please note that the medicines described in this leaflet are examples of the types that may be used. Other medicines can be used according to individual needs. If you have any concerns about the medicines you are prescribed then speak to your GP, or your contact in the Renal Team.

Tiredness

It is very common to feel tired. This can be caused by anaemia (lack of red blood cells) due to your kidney failure. This anaemia can be treated by injections once a week, once a fortnight or once a month. These can be given at home by yourself, a family member, district nurse or at the GP surgery.

Tiredness can also be caused by the abnormal levels of chemicals in your blood due to your kidney failure. You may get more tired if your kidney failure gets worse.

Itching and rashes

Itching can be very irritating. Creams such as Diprobase (Zerobase) or Doublebase gel (Zerodouble gel) keep the skin moist. Crotramiton (Eurax) cream can be very helpful to reduce the itch.

Tablets called antihistamines may also help. Some antihistamines can cause sleepiness (e.g. chlorphenamine or Piriton). This may be useful at night. Others cause less sleepiness (e.g. cetirizine or hydroxyzine) and this may be useful in the day.

Shortness of breath

Being short of breath can be distressing. If you still pass urine then water tablets (e.g. furosemide) can help. Stronger medicines called opiates, for example, oxycodone capsules or liquid may be prescribed, as they may help to relieve breathlessness.

Loss of appetite

Decreasing appetite is common. There is no specific treatment for this, but the Renal Dietitian will be able to see you and your family when you come to clinic to try and help find foods that suit you. You can also telephone a renal dietitian for advice; there is a contact number on page 10.

Low mood

Feeling low or depressed is quite common in people with kidney disease. Talking with your family, friends, GP or a member of the Renal Team may be enough to help with this. Others may feel that talking to a psychologist would be useful and we do have psychologists working in the Renal Team. We can arrange a meeting for you if you want one. If symptoms of depression are more severe, then anti-depressant medicines may help. You should discuss this with your GP.

Nausea and vomiting

Nausea and vomiting can be treated with various types of medicine, such as haloperidol or cyclizine. If these medicines are not helpful, then other options are available. If you struggle to take the tablets, you may be prescribed a type that can be placed under the lip to dissolve. If tablets are not helpful, then the same medicine can be given as an infusion through a small needle under your skin in your arm, upper chest or abdomen (tummy). This continuous infusion lasts for 24 hours and is controlled by a small battery operated pump known as a syringe driver. This can be done at home with the support of your GP and District Nurses.

Cramps, twitching and restless legs

These symptoms are very common. Medicines called gabapentin, pregabalin or clonazepam can help.

Pain

Pain is not a common symptom of kidney failure. If you do experience pain, we can use a number of different medicines to try to control this. We can give these as tablets or patches placed on the skin. Occasionally a continuous drip through a syringe driver may be required.

1. We usually start treatment with paracetamol, two tablets four times a day, which we recommend to be taken regularly.
2. If these measures do not help, then we can try adding a slightly stronger painkiller e.g. tramadol tablets as the next step.
3. If these still do not help, buprenorphine or fentanyl patches may be added for pain relief. Buprenorphine patches are placed on the skin and usually have to be replaced every seven days. Fentanyl patches have to be replaced every three days.

Always read the instruction leaflet that comes with the patches and avoid using direct heat (e.g. a hot water bottle) on top of the patch. It takes up to 24 to 48 hours for the patches to reach their full effect so other pain relief may be needed in the meantime.

4. Oxycodone capsules or liquid can help for breakthrough pain. A liquid solution of morphine sulphate may also be prescribed. In kidney failure we have to be careful about the choice of painkillers.

This is because the medicine can accumulate quickly causing side effects. Morphine sulphate should usually be avoided. Check with your GP or the person prescribing the medicine for you if you have any concerns.

Tablets called non-steroidals (such as ibuprofen) which are anti-inflammatories can cause problems in people with kidney failure. These should only be used on advice from your doctor.

Codeine (such as co-codamol) tends to build up in kidney failure and causes sickness, constipation and drowsiness. We usually advise against using codeine for these reasons.

The Renal Team is often asked by patients and their families what happens as the kidneys fail completely and the end of life approaches. As kidney failure worsens, people become quite sleepy. Some people may continue to experience some of the symptoms listed above and we would continue to try to control these. Agitation may occur in the last few days.

Although they are unlikely to be aware of this, it can be distressing for relatives and carers. Medicines can be used to try to control this. The person would then become increasingly sleepy until they look as though they are fast asleep. During this sleep they would stop breathing and then their heart would stop. Most people will be comfortable and have no symptoms at this stage.

Thinking and talking about dying can be a difficult, sad and confusing time for patients and their families. Some patients have clear ideas about where they wish to die and what help and support they need from their family and health professionals. Others do not and may not wish to discuss their death. The Renal Team will be available to support you and your family at this time, and will be sensitive to any spiritual and cultural needs you may have.

Your named contact person in the Renal Team will keep in touch with you and your family as much as you wish, by telephone or visiting you at home. Please do not hesitate to get in touch with us. Your GP and Community Nursing Team (District Nurses and possibly Macmillan Nurses) will usually be closely involved.

Contacts

Your GP should be your first point of contact if you have any urgent concerns. However, please contact the Renal Team if needed for information or advice.

Your Renal Consultant is.....
and can be contacted via their secretary during office hours on

Your named contact in the Renal Team is
.....
and can be contacted during office hours on
.....

The Renal Dietitians can be contacted during office hours on

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Liz Green, Renal Specialist Nurse, The York Hospital,
Wigginton Road, York, YO31 8HE or telephone
01904 725486.

Teaching, Training and Research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

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