



# Going Back to You!



## Promoting Home Dialysis and Transplant


March, 2020

### Suitability Criteria for Self Home Hemodialysis: Conventional, Daily, or Extended

- Strongly Encourage Home HD**
- Any patient who wants to do home HD or has no barriers to it
  - Employed full- or part-time
  - Drives a car – skill set is very similar to learning home HD
  - Caregiver for a child, elder, or person with disability
  - Lives far from clinic and/or has unreliable transportation
  - Student: grade school to grad school
  - Needs/wants to travel for work or enjoyment
  - Wants a flexible schedule for any reason
  - Has rejected a transplant
  - Has neuropathy, amyloidosis, LVH, uncontrollable BP†‡
  - Obese/large; conventional HD or PD are not adequate †‡
  - Can't/won't follow in-center HD diet & fluid limits†‡
  - Is pregnant or wants to be †‡
  - Frail/elderly with involved, caring helper who wants home HD\*
  - Wants control; unhappy in-center
  - No longer able to do PD

- Encourage Home HD After Assessing and Eliminating Barriers**
- No employer insurance – not a barrier to nocturnal 3x/wk home HD, which Medicare & Medicaid cover
  - Unkempt – provide hygiene education; assess results
  - Has pet(s)/houseplants (carry bacteria) – bar from room at least while cannulating/connecting access
  - Frail or can't walk/stand – assess lifting ability, offer PT\*
  - Illiterate – use pictures to train, return demonstrations to verify learning, tape recorders for patient reports
  - Hearing impaired – use light/vibration for alarms
  - Depressed, angry, or disruptive – increased control with home HD may help
  - No helper & clinic requires one – reconsider policy, monitor remotely, use LifeLine device to call for help
  - Rents – check with landlord if home changes needed
  - Can't/won't self-cannulate – use patient mentor, practice arm, local anesthetic cream, desensitization\*
  - No running water, poor water quality, low water pressure – assess machine & water treatment options
  - Limited space for supplies – visit home, 2x/mo. delivery, consider machine with fewer supply needs
  - Drug or alcohol abuse – consider after rehab
  - Bedridden and/or has tracheostomy/ventilator – assess self-care and helper ability\*
  - Rx drugs impair function – consider drug change

- May Not Be Able to Do Home HD (or Helper Must Do More)**
- Homeless; consider PD if storage is available
  - Can't maintain personal hygiene
  - Home is health hazard, will not correct
  - Unreliable or no electricity
  - Brain damage, dementia, or poor short-term memory\*
  - No use of either hand\*
  - Uncontrolled psychosis or anxiety\*
  - Blind or severely visually impaired – consider PD\*
  - Uncontrolled seizure disorder\*
  - No remaining HD access sites – consider PD
  - Reduced awareness/ability to report bodily symptoms
  - Has living donor, transplant is imminent – consider PD

 Check all the boxes that apply. Keep a copy of the MATCH-D in the patient's record.  
\* May be able to do with a helper  
† Consider extended home HD  
‡ Consider daily home HD

### Suitability Criteria for Self Peritoneal Dialysis: CAPD or CCPD

- Strongly Encourage PD**
- Any patient who wants to do PD or has no barriers to it
  - Employed full- or part-time
  - Student – grade school to grad school
  - Caregiver for child, elder, or person with disability
  - New to dialysis or has had transplant rejection
  - Lives far from clinic and/or has unreliable transportation
  - Needs/wants to travel for work or enjoyment
  - Has needle fear or no remaining HD access sites
  - BP not controlled with drugs
  - Can't or won't limit fluids or follow in-center HD diet
  - No (required) partner for home HD
  - Wants control; unhappy in-center

- Encourage PD After Assessing and Eliminating Barriers**
- Minority – not a barrier to PD
  - Unemployed, low income, no High School diploma – not barriers to PD
  - Simple abdominal surgeries (e.g. appendectomy, hernia repair, kidney transplant) – not barriers to PD
  - Has pet(s)/houseplants (carry bacteria) – bar from room at least during PD connections
  - Hernia risk or recurrence after mesh repair – use low day/time volume or dry days on cyclor
  - Blind, has no use of one hand, or neuropathy in both hands – train with assist device(s) as needed
  - Frail or can't walk/stand – assess lifting, offer PT, offer CAPD, use 3L instead of larger bags for cyclor\*
  - Illiterate – use pictures to train, return demonstrations to verify learning, tape recorders for patient reports
  - Hearing impaired – use light/vibration for alarms
  - Depressed, angry, or disruptive – increased personal control with PD may be helpful
  - Unkempt – provide hygiene education; assess results
  - Anuric with BSA >2 sqm – assess PD adequacy†‡
  - Swimmer – ostomy dressings, chlorinated pool, ocean
  - Limited supply space – visit home, 2x/mo. delivery
  - Large polycystic kidneys or back pain – use low day/time volume or dry days on cyclor†‡
  - Obese – consider preperitoneal PD catheter
  - Has colostomy – consider preperitoneal PD catheter
  - Rx drugs impair function – consider drug change

- May Not Be Able to Do PD (or will Require a Helper)**
- Homeless and no supply storage available
  - Can't maintain personal hygiene even after education
  - Home is unclean/health hazard; patient/family won't correct
  - No/unreliable electricity for CCPD; unable to do CAPD
  - Multiple or complex abdominal surgeries; negative physician evaluation. †‡
  - Brain damage, dementia, or poor short-term memory\*
  - Reduced awareness/ability to report body symptoms
  - Malnutrition after PD trial leads to peritonitis†‡
  - Uncontrolled anxiety/psychosis\*

Let's explore which dialysis treatment is most suited to your life style without giving up your favorite activities and to help you go back to your normal life!

This "MATCH-D" tool was designed to sensitize clinicians on key issues about who can use home dialysis.

The column in green creates triage criteria for patients who should be at home. The column in yellow suggests solutions to common home dialysis barriers. The column in red presents contraindications for independent home treatment ---though those patients may be able to go home with a very involved

*\*Ask your team to have full MATCH-D tool to find out your best treatment option!*

**Ask any questions of your treatment choice to "Modality Expert Team (MET)" today!**

Project Lead	Patient Family Rep.
Social Worker	Patient Family Rep.
Star Patient Care Tech	Home Champion
Star Patient Care Tech	Transplant Champion

