Skin Care: “Love the Skin You’re In”

The skin is our largest organ – it protects our bodies, helps us maintain just the right temperature, and gives us the sense of touch. If our skin is irritated or damaged, it can be very painful. A surprisingly large number of chronic dialysis patients suffer from the tiresome problems of dry skin and itching. These skin complaints are not life-threatening, but they can be very uncomfortable and distressing, and as a result can affect your quality of life.

Why does my skin itch?
Itching is a symptom that can be caused as a side effect of your kidney disease or dialysis treatment, although the exact cause of itching in dialysis patients is not always clear. Possible causes may be high levels of the parathyroid hormone, or high levels of phosphate in the blood. Also, calcium released from the bones can deposit in the blood vessels, joints and skin which may lead to itching. Other possible causes are the retention of toxins, iron deficiency, general inflammation and allergic reactions.

What can I do?
It is extremely important that you monitor your calcium-phosphate balance, follow your nutritionist’s advice to ensure low phosphate intake, and be sure to take your phosphate binders as prescribed by your physician. If you do have problems with itching and/or dry skin, make a point to discuss the problem with your physician. Your doctor may also be able to advise you if there are any suitable creams or lotions you can use or suggest alternative therapies which will help to alleviate the symptoms.

Resource: https://www.nephrocare.com/patients-home/stay-involved/skin-care.html
Punch Out Infections all year long with the Punching Out Infections Toolkit!

This toolkit provides all the instructions & resources you need to set up a Facility “Punch Out” Calendar and Patient “Punch Out” Wallet Cards. Patients can grab a Punch Card to track the months they remain infection free. There are several options included in the toolkit, so you and your facility can decide exactly how

you would like to be involved in this activity! **Download the Toolkit and Get Started Today!** Send us your Infection Prevention Punch Card and give us your feedback using the Punching Out Infections Portal. Don’t forget **Patient Safety Awareness Week** is March 8th - 14th and **World Kidney Day** is March 21st. Show your spirit and Wear Orange! For additional resources and information on how to punch out infections please click here.

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### PAIN MANAGEMENT

For many end stage renal disease (ESRD) patients, pain is a part of daily living. More than 50% of hemodialysis patients suffer from chronic pain. Pain can be caused by other health conditions, such as diabetes and its complications, and dialysis itself, which can cause muscle cramping, abdominal distension and pain from needle sticks. Learning to manage pain can significantly patients’ quality of life.

Managing pain can be a challenging task and patients should not tackle pain alone. Patients should talk with their care team about their pain. Dialysis staff members are advised to complete routine assessments to address patients’ pain. During these assessments, patients should be honest about their pain and discuss pain management options with your care team. Exercise, massage therapy, heat/cold therapy, acupuncture, meditation, distraction, music therapy, and cognitive behavioral therapy are common non-medicinal pain management interventions. If non-medicinal methods of pain management options do not help with pain management, speak with your care team about locating a professional pain management provider.

Commonly used opioids in ESRD patients are tramadol, oxycodone, hydromorphone, fentanyl, methadone, and buprenorphine.

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Opioids and Their Risks

Opioids are substances used to treat pain. Opioids act on the body’s opioid receptors and all carry similarly high risks of dependency, addiction and overdose.

Opioids include common prescription pain relievers, such as OxyContin, Morphine, Percocet and Vicodin. If misused or abused, these drugs can cause severe harm.

Opioids have a strong risk of addiction, which means that opioid use or misuse can create brain changes that lead to addiction. A person addicted to opioids might develop strong cravings for the drug, loss of control and painful withdrawal symptoms, which make it difficult to refuse the drug, even when use becomes harmful.

Opioids use and misuse have been linked to several serious health concerns, which include constipation, heart failure, sleep-disordered breathing, respiratory depression, dizziness and sedation, an increased risk of fractures, and hormonal imbalances. Most people who are addicted to opioids cannot taper off (use less of the drug over time) without help. Patients who use opioid should speak with their care team regularly about the potential risks of opioid use and the side effects they experience will using the medication.

Additional Pain Management Options

Even though opioids are commonly used to manage pain. There are several other pain management options. The following options may help with chronic pain management.

Exercise. Staying physically active, despite some pain, can play a helpful role for people with some of the more common pain conditions, including low back pain, arthritis, and fibromyalgia.

Physical therapy (PT) and occupational therapy (OT). PT helps to restore or maintain your ability to move and walk. OT helps improve your ability to perform activities of daily living, such as dressing, bathing, and eating.

Massages. A massage may relieve pain by relaxing painful muscles, tendons, and joints; relieving stress and anxiety; and possibly impeding pain messages to and from the brain.

Acupuncture. Acupuncture involves inserting extremely fine needles into the skin at specific points on the body. This action may relieve pain by releasing endorphins, the body’s natural painkilling chemicals. It may also influence levels of serotonin, the brain transmitter involved with mood.

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At Network 14, we know that the challenges of ESRD often go beyond our patients’ health and treatment. We developed the HOPE project to provide Help on Processing Everything. The HOPE project is designed to empower, enlighten and encourage our patients, caregivers, and providers. The information and resources presented are developed based on feedback from patients, caregivers and providers and is driven by a patient-centered approach.

**Advice to patients from Network 14 PAC Team to Patients:**

“Ask questions, It’s your body”

“Know your healthcare team”

“Be your own advocate”-

“Care and maintain your fistula, graft or catheter”

“Changing chair times, medications and doctors might occur at your facility, speak with your healthcare team”

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**Pain-relieving devices.**
Assistive devices can help support painful joints, relieve the pressure on irritated nerves, and soothe aches and pains. They include splints, braces, canes, crutches, walkers, and shoe orthotics.

**Topical pain relievers.**
Medication-containing creams and ointments are applied to the skin. They may be used instead of or in addition to other treatments.

**Over-the-counter medications.** Pain relievers that you can buy without a prescription, such as acetaminophen (Tylenol) or nonsteroidal anti-inflammatory drugs (NSAIDs) like aspirin, ibuprofen (Advil, Motrin), and naproxen (Aleve, Naprosyn) can help to relieve mild to moderate pain.

**Non-opioid prescription drugs.** Certain medications can be very effective for treating condition-specific pain. Examples include triptans for migraine headaches and gabapentin (Neurontin) or pregabalin (Lyrica) for nerve pain.

**Corticosteroid injections.**
Used occasionally, corticosteroid injections can relieve pain and inflammation caused by arthritis, sciatica, and other conditions.

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