

## Treatment Options Pathway for Kidney Failure (March 2017)

**Objective:** To increase patient knowledge and informed decision-making in respect to the optimal treatment for kidney failure, given the patients' circumstances, abilities, and/or physiological health factors. Where appropriate and consistent with the patients' wishes, education will promote living donor transplantation, home dialysis, and non-dialysis conservative care.

### STEP 1 - Entry Criteria

- Kidney failure patients who are likely to require dialysis within the next one year (e.g., eGFR ~ 15 mL/min/1.73 m<sup>2</sup> or rapidly declining kidney function)
  - Note: If possible, transplant candidates should be referred to the transplant informational session within 2 years of their expected start date.
- Unplanned dialysis starts who have not received modality education
- Transplant patients with a failing graft

### STEP 2 – Referral & Triage to Introductory Modality Education (Modality Education Patient Referral Form completed by primary nephrologist & CKD RN)

- Screens for absolute contraindications to specific modalities and directs type of modality session:
  - 1) **Group Education – exclusion criteria include:**
    - Pediatric patients and admitted patients unless ready for discharge
    - Functional limitations (e.g., hearing or vision impairment; severe mobility limitations or frail (e.g. unable to sit for 1 h); terminal illness and/or multiple comorbidities; severe uremic symptoms.
    - Cognitive limitations (e.g., language barrier; uncontrolled mental illness; dementia, learning delay or disability, traumatic brain injury)
    - Behavioural/psychosocial issues (e.g., severe anxiety; unresolved anger issues; non-compliance or denial of future on RRT; cultural or non-traditional health care belief systems; notably poor or inappropriate communication skills; large extended families
    - Conservative care or in-centre HD are the only options
  - 2) **1:1 inpatient or outpatient education** may be appropriate for unplanned or imminent dialysis starts.

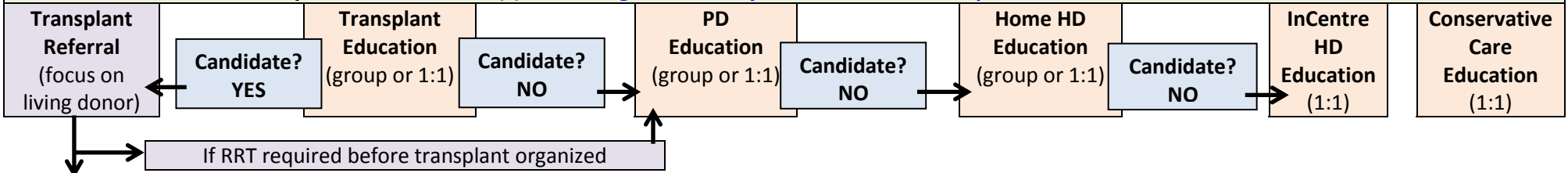
### STEP 3 - Introductory Modality Education - *Planning Your Kidney Treatment: First Steps*

- Provided with basics about treatment options (transplant, home dialysis, in-centre hemodialysis, conservative care)

### STEP 4 - Determine Interests & Triage to Advanced Modality Education

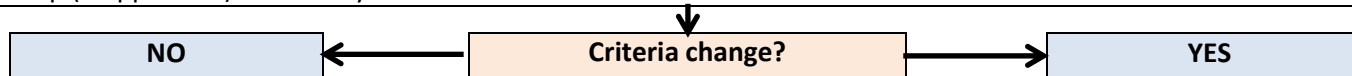
- Modality Educator or CKD Nurse (as applicable) has 1:1 follow up discussion with patient (i.e., at next clinic visit or via phone, as applicable) to determine choice.

### STEP 5 - Advanced Modality Education Session(s) - *Planning Your Kidney Treatment: Next Steps*



### STEP 6 - Re-evaluate at each CKD Clinic Visit

- Transplant status follow up (if applicable) + Modality choice review



### STEP 7 – Intent to Defer Strategy → Exit to RRT of Informed Choice or Palliative Care Referral

- In outpatients with progressive CKD the CSN recommends an 'intent-to-defer' strategy, where patients with an eGFR <15ml/min/1.73m<sup>2</sup> are closely monitored by their CKD team. Dialysis should be initiated with the emergence of **clinical indications OR an eGFR ≤6ml/ min/1.73m<sup>2</sup>**, whichever should occur first (Nesrallah, G. E., Mustafa, R. A., Clark, W. F., Bass, A., Barnieh, L., Hemmelgarn, B. R., Klarenback, S., Quinn, R.R., Hiremath, S., Ravani, P., Sood, M.M., Moist, L.M. CSN 2014 clinical practice guideline for timing the initiation of chronic dialysis. CMAJ. doi:10.1503/cmaj.130363).