Betty's Hospice Story

After her husband, Allen, died shortly after their 50th wedding anniversary, Betty no longer enjoyed the things that had most given her life meaning. The weekly bowling league, gardening and line dancing were all things they had done together. Without him by her side, Betty became sedentary and put on substantial weight. Eventually, she began noticing signs that something was wrong—she always seemed to be thirsty, frequently needed to urinate, and had a host of infections. Betty's doctor diagnosed her with Type 2 diabetes.

With the help of her daughter Julie, Betty did her best to manage her diabetes and regulate her blood sugar. But then Betty began suffering from fatigue, swelling in her feet and ankles, muscle cramps, and dry, itchy skin.

A visit with her doctor showed that the increased strain from diabetes had caused Betty's kidneys to begin to fail.

After undergoing hemodialysis three times a week for several years, Betty suffered a hemorrhagic stroke. Though she was able to slowly recover, the following year she had another stroke.

Together, Betty and Julie made the difficult decision to discontinue Betty's dialysis treatments and focus on the comfort and quality of life that hospice care can provide.

Betty's hospice team helped manage her pain, itching and fatigue, allowing her and her daughter to spend their remaining time together sharing memories and passing down recipes. The hospice team also provided counseling and support to help Betty and Julie cope with the emotional challenges of facing a terminal illness.

When Betty passed peacefully a few weeks later at home, Julie was by her side, like always.

How Do You Know When It's Time?

- Support for those not seeking dialysis or transplantation
- Creatinine clearance < 10 cc/min (<15 cc/min for diabetics)
- Serum creatinine > 8.0 mg/dl (>6.0 mg/dl for diabetics)
- Burden of continued dialysis outweighs benefits
- Intractable fluid overload
- Intractable hyperkalemia
- Oliguria
- Generalized pruritus
- Uremia
- Presence of co-morbid conditions, such as chronic lung or cardiac disease, cachexia, albumin < 3.5 gm/dl, etc.

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eventide Hospice

End-Stage Kidney Disease

Personalized Hospice Care

End-stage kidney disease patients who choose to end dialysis may benefit from hospice care.

Hospice care supports your patients in living an alert, pain-free life and to live each day as fully as possible.

When to Refer to Hospice Care

Signs of kidney disease progression toward customized hospice care:

- Increase in confusion and fatigue
- Increase in weight loss
- Increase in muscle cramps, twitching or seizures
- Increase in itching skin due to a buildup of urea
- Decrease in urination

Customized Specific Care for End-Stage Kidney Disease Needs

- Coordination of care between multiple medical professionals and family
- Pain management and control
- Reduce shortness of breath by ensuring fluid balance and energy conservation techniques
- Emotional support for anxiety and depression
- Family support including decision-making and family communication issues

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