Name:_____

Date: _____ RCH HEMODIALYSIS NUTRITION LABS-What do they mean? D Talk to your dietitian if you have questions or concerns.

Dietitian:	
Phone:	

LAB TEST	TARGET LEVELS -	YOUR LEVEL	MAJOR FOOD SOURCES		WHAT SHOULD I DO?		SIDE EFFECTS OF HIGH OR LOW LAB VALUES
	HD						
Albumin (a type of protein in blood)	35 g/L (30 -35 g/l may be OK if weight is stable and you are eating well)	This month: Last Month:	Protein-rich foods: lean red meat, fish, poultry, pork, eggs/egg substitutes, and cheese. Protein powder and nutritional supplements like Nepro, Ensure Plus and Glucerna.	•	Too low: Eat more foods high in protein. Start or continue taking nutritional supplements/protein powder as directed by your dietitian. Talk to your doctor or dietitian.	•	Too low: Health problems such as decreased ability to fight infections. Not able to build muscle. Low energy/weakness. Increased swelling.
Potassium	3.5 - 5.0 mmol/L (5.0-5.4 acceptable but not ideal)	This month: Last Month:	High Potassium Foods: Fruits: bananas, kiwi, melon, oranges, dried fruits, fresh peaches, mango, papaya. Vegetables: tomato products, spinach and dark leafy greens, avocado, dried peas and beans, potatoes, yams, winter squash. Other: dairy products, whole grain products, nuts, chocolate, & some salt substitutes.	•	Too high: Eat less high potassium foods. Talk to your doctor or dietitian about changes in your diet or dialysis. Too low: Talk to your doctor or dietitian about changes in your diet or dialysis.	•	Too high: High levels of potassium can stop your heart without warning (heart attack) and cause difficulty breathing. Too low: Muscle weakness, increased heart rate.
Phosphorus	1.1-1.8 mmol/L	This month: Last month:	High phosphorus foods: Milk and dairy products (milk, cheese, yogurt, ice cream), dried beans and peas, nuts, dark sodas, chocolate, whole grain products, organ meats, baking powder.	•	Too high: Eat less high phosphorus foods. Take your phosphate binders(Calcium Acetate, Calcium Carbonate, Renagel®, Fosrenol®, Tums®) with meals and snacks as directed. Too low: Eat some foods high in phosphorus as directed by your dietitian.	•	Too high: Bones that break easily, bone and joint pain, itching. Too low: Muscle weakness, difficulty breathing.

LAB TEST	TARGET LEVELS FOR HD	YOUR LEVEL	MAJOR FOOD SOURCES		WHAT SHOULD I DO?	S	LAB VALUES
Calcium	2.1 - 2.5 mmol/L	This month: Last month:	Milk and dairy products. * However, these foods should not be increased because they are high in phosphorus.	•	Too high: Discuss how and when to take your phosphate binders with your dietitian. Do not take Tums/Rolaids® for heartburn. Too low: You may need to take a calcium supplement. Talk to your doctor or pharmacist.	•	Too high: Muscle weakness, fatigue, abdominal cramps, constipation. Too low: Muscle twitching, cramping.
HgbA1C *indicates your blood sugar control over the past three months.	Less than 7.0%	Last level:	HgbA1C is affected by the type and amount of food eaten.	•	Too high: Follow your diet and take your insulin or diabetic pills as directed. Talk to your doctor or dietitian.	•	Too high: Values over 7.0% increase your risk of diabetes complications such as vision, heart and circulation problems.
Parathyroid Hormone (PTH)	16.5- 33.0 pmol/L	Last level:	High phosphorus and calcium levels can change the level of this hormone. There are no foods that will directly change your PTH level.	•	Too high: Eating less phosphorus in your diet may help lower your PTH level. Your doctor may need to adjust your medications as well. Too low: Your doctor may need to adjust your medications.	Problems with PTH can lead to bone loss, skin sores, joint pain, blocked blood vessels and heart problems.	
Fluid weight gain between runs.	Depends on your body size.		High sodium foods such as processed, packaged, canned and salty snacks (ie pickles, canned soup, deli meat).	•	Too high: Eating too much sodium or drinking too much can cause high fluid gains between runs. Use less salt and eat less high sodium foods. Decrease your fluid intake.	•	Too high: High blood pressure. More swelling. Hard on your heart.
Hemoglobin	110-120 g/L	This month: Last month:	Eating high iron foods will not prevent low hemoglobin (anemia) in people with kidney failure.	•	Too high: Doctor may need to adjust your medication. Too low: EPO or Aranesp and/or IV iron may be necessary to help make red blood cells.	•	Too low: Low levels can make you feel tired.