Lifestyles
for kidney health

A guidebook for Blue Care Network and BCN Advantage™ HMO and HMO-POS members
Welcome
Begin your journey to wellness with us

You’ve been identified as a person who could benefit from learning more about kidney health. A lab test could have triggered our system to send you information about our Chronic Condition Management program. We hope you’ve already talked with your primary care physician about your medical condition.

This program is for people whose kidneys may not be functioning well. It doesn’t affect or change your benefits. If you feel this program isn’t right for you, or don’t want to participate, please call the Chronic Condition Management number below.

This booklet will help you learn more about keeping your kidneys healthy. Kidney disease is a chronic medical condition, which means it doesn’t go away. Even if you have kidney disease, you can still live a healthy, active lifestyle. We’re here to help. We’ll also send you a newsletter on kidney health a couple times a year. It has information to help you enjoy life while staying healthy. Our Chronic Condition Management program gives you ways to manage your kidney health, learn about different medicines you may need and make smart food choices.

Save this booklet. You can refer to it when you have questions about your kidneys. We’ve also added a handy tear-off wallet card to keep your health contacts in one place.

Call us at 1-800-392-4247 when you have questions about our Chronic Condition Management program. A nurse is available from 8:30 a.m. to 5 p.m. Monday through Friday, except holidays. TTY users should call 711. Or you can contact one of our nurses online at bcbsm.com/bcnccmreferral.
We’re here when you need us
You’re not alone on your journey to good health. Your primary care physician and the care professionals you see are on your team. We’re here for you, too. Your plan may cover the screenings and tests you need to stay healthy. If you’re ever unsure about what your plan covers, just call Customer Service at the number on the back of your Blue Care Network ID card.
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Learn
What is kidney disease?

Kidney disease is a condition in which your kidneys are damaged and can no longer do their job. Healthy kidneys make urine and remove waste from your body. If your kidneys are damaged, waste builds up in your body. Detecting kidney disease early can keep your kidneys from becoming worse. Testing, monitoring and making simple lifestyle changes can help you live well with kidney disease.

What your kidneys do
Your kidneys keep your blood clean and chemically balanced. Kidney function is also called renal function. People with two healthy kidneys have 100 percent kidney function. Many people can live with less than 100 percent kidney function – about 60 to 70 percent – and not even notice it.

Kidney anatomy
Your kidneys are in your middle back, just below your rib cage. There is one on either side of your spine. Each of your kidneys is shaped like a bean and is about the size of your fist.

Inside each kidney are about 1 million nephrons. Nephrons are tiny processors that sift waste and extra fluid out of your blood. This waste and fluid becomes urine, which flows from the kidneys to the bladder. Your bladder stores this urine until you release it.

What your kidneys do

Chemicals, hormones and your kidneys
When your kidneys are sorting waste, they also release useful chemicals such as sodium, phosphorus and potassium back into your blood for your body to use. Your kidneys ensure the right balance of chemicals in your blood, keeping you healthy.

Your kidneys also release three important hormones:
- Calcitriol, a form of vitamin D, helps maintain calcium for bones and helps keep your body chemically balanced.
- Erythropoietin stimulates the bone marrow to make red blood cells.
- Renin regulates your blood pressure.
Symptoms and tests

If you’re in the early stages of kidney disease, you may not feel sick at all. As the disease progresses, it’s important to note and monitor your symptoms. Changes in symptoms can tell you how well you’re managing your kidney disease.

You may notice some of these signs:
- Drowsiness or trouble concentrating
- Trouble sleeping
- Swelling in your hands, feet and ankles
- Puffiness around your eyes
- Dry, itchy or darkened skin
- Nausea or lack of appetite
- Frequent need to urinate

To confirm your diagnosis and see how you’re doing, your primary care physician may use these screening tests:
- **Blood pressure:** A health provider will check your blood pressure. Learn more about blood pressure and kidney disease on Page 11.
- **Urine test:** As your kidneys lose function, albumin and other proteins build up and can go into your urine. This condition is called proteinuria, meaning protein in the urine.
- **GFR:** Your glomerular filtration rate is the best indication of kidney function. GFR can be calculated through a urine test or a blood test. GFR measures how well your nephrons are filtering creatinine, a waste product produced by your muscles. A GFR of 90 or above is considered normal.

You may also be tested for blood urea nitrogen. As kidney function decreases, the waste product urea builds up in your blood.
Know the signs of anemia

Anemia is a common problem for people with kidney disease. Anemia means your blood is low in red blood cells or in a protein called hemoglobin. Damaged kidneys don’t make enough erythropoietin, a hormone that tells your bone marrow how many red blood cells to make.

Tell your primary care physician if you have any of these symptoms of anemia:

- Tiredness or weakness
- Low body temperature
- Pale skin
- Rapid heartbeat
- Shortness of breath
- Chest pain
- Dizziness
- Numbness or coldness in hands and feet
- Headache
- Irritability
- A blue tinge to the whites of your eyes

Heart smarts for kidney health

For many kidney patients, a recommended total cholesterol level is below 200 mg/dl, with an HDL (“good”) level of more than 55 mg/dl for men and more than 60 mg/dl for women, according to the National Kidney Foundation. Talk with your primary care physician about the targets that are right for you.
Diabetes is the most common cause of kidney disease. When you have diabetes, your body can’t process or doesn’t make enough of the hormone insulin. Insulin allows glucose, a form of sugar, to enter your body’s cells to be used as energy. Without the help of insulin, glucose builds up in your blood.

There are two types of diabetes. In Type 1 diabetes, your body produces no insulin at all. Type 2 diabetes is more common. In Type 2 diabetes, either your body doesn’t make enough insulin or your cells ignore it.

How does diabetes relate to kidney disease? Too much glucose in the blood can damage your nephrons, those tiny processors in your kidneys. Keeping your blood sugar under control can delay or prevent more damage to your already stressed kidneys.

Help manage diabetes and blood pressure by making these healthy lifestyle changes:

- **Exercise.** Physical activity helps you stay at a healthy weight. It also helps your body control blood sugar. A single session of aerobic exercise can have a favorable effect on how your body uses insulin for 24 to 72 hours. Check with your primary care physician before beginning an exercise program. Aim for at least 30 minutes a day most days of the week.

- **Watch what you eat and drink.** This is key to managing diabetes, blood pressure and kidney disease. Avoid sugary drinks and simple starches. Focus on fruits, veggies and whole grains. Eat a low-sodium diet and limit your alcohol.
High blood pressure is another leading cause of kidney failure. High blood pressure can also be a side effect of kidney disease.

Your health provider will check your blood pressure. Blood pressure is read as two numbers. The top number is called the systolic number. It’s the pressure when the heart beats. The bottom, or diastolic, number is the pressure between beats. Normal blood pressure is below 120/80.

High blood pressure can damage blood vessels throughout your body. When the blood vessels in your kidneys get damaged, your kidneys lose their ability to clean your blood. Extra fluid builds up in your body. This extra fluid may then raise your blood pressure, continuing a cycle of damage.

• Take medicine exactly as prescribed. Your primary care physician may give you medicine to help control your blood sugar levels or blood pressure. It’s very important to tell your primary care physician about any changes or symptoms you experience.
Thrive
Eating right

Knowing what to eat is key to living well with kidney disease. A diet that is low in protein, sodium and potassium may slow the progression of kidney disease and help you feel better longer.

**Protein problems**
Damaged kidneys have trouble using protein and can cause it to build up in your urine. A lower-protein diet will decrease the stress on your kidneys. Your diet should be based mostly on complex carbohydrates, such as whole-grain bread and brown rice.

If you also have diabetes, you may be limiting your carbohydrates. Your health care team will help you build a diet with low to moderate carbohydrates and healthy fats.

**Sodium limits**
Eating less sodium will help you control your blood pressure. Keeping your blood pressure low is extremely important in managing kidney disease. Limit your daily sodium intake. Avoid fast foods. Remember to check sodium content on nutrition labels. For more about labels, see Page 14.

**Potassium issues**
When too much potassium builds up in your blood, it can damage your heart. Depending on how well your body uses potassium, you may have to restrict this element in your diet.

**Fluid restriction**
In some stages of kidney disease, you may accumulate too much fluid in your body. If this happens, you may need to drink less fluid. Your primary care physician can help you calculate your ideal fluid intake based on your daily urine output.

**Calcium and phosphorus balance**
With kidney disease, your blood calcium can become too low and phosphorus can become too high. These minerals are interrelated. It’s important to balance the two.

**Supplements**
You may need to take supplements. In particular, you may need to watch your iron levels. People with kidney disease are often severely anemic and may need iron supplements.
Eat well away from home

Eating at restaurants can challenge your kidney-friendly diet. Ask for dressing or sauce on the side, make healthy substitutions — such as vegetables instead of french fries — and request that your food be prepared without salt. If you’re served a big portion, share with someone or take half to go.

Shop smart for kidney health

When you shop for groceries, take a close look at nutrition labels. The labels will include the amount of fat, calories, cholesterol and sodium per serving. Reading nutrition labels can help you watch your portion sizes and your mineral intake.

Not every mineral is always listed on a food label. The U.S. Food and Drug Administration requires that manufacturers include information about vitamins A and C, calcium and iron. Potassium and phosphorus are not required to be on the label. Remember: Just because they’re not listed, it doesn’t mean the product doesn’t have them.

Check for hidden phosphorus by checking the ingredients part of the label. Look for versions of the word phosphate, such as calcium phosphate. To find hidden potassium, check the ingredients list for items that are high in potassium. See Page 15 for some examples. Products with those ingredients at the top of the list may have too much potassium. Also watch out for potassium chloride, the main ingredient in most salt substitutes.
Kidney challengers: Foods to watch

To help your kidneys, you may need to watch the levels of protein, sodium, potassium and phosphate in your diet. This list helps you know what foods to limit. Talk with your primary care physician if you have questions about a kidney-friendly diet.

<table>
<thead>
<tr>
<th>Protein-heavy foods</th>
<th>Sodium-heavy foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beef</td>
<td>Canned soup</td>
</tr>
<tr>
<td>Black beans</td>
<td>Canned vegetables</td>
</tr>
<tr>
<td>Cheese</td>
<td>Cured, smoked or processed meats</td>
</tr>
<tr>
<td>Chicken</td>
<td>Instant soup or bouillon cubes</td>
</tr>
<tr>
<td>Chickpeas (garbanzo beans)</td>
<td>Pickles and other pickled foods</td>
</tr>
<tr>
<td>Eggs</td>
<td>Potato chips</td>
</tr>
<tr>
<td>Fish</td>
<td>Salted nuts or seeds</td>
</tr>
<tr>
<td>Soybeans (edamame)</td>
<td>Soy sauce</td>
</tr>
<tr>
<td>Yogurt</td>
<td>Table salt (sodium chloride)</td>
</tr>
</tbody>
</table>

Remove some of the potassium from potatoes by dicing them and then boiling them in water.

<table>
<thead>
<tr>
<th>Potassium-heavy foods</th>
<th>Phosphate-heavy foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acorn squash</td>
<td>Beer</td>
</tr>
<tr>
<td>Bananas</td>
<td>Cocoa</td>
</tr>
<tr>
<td>Kidney beans</td>
<td>Dried beans</td>
</tr>
<tr>
<td>Oranges</td>
<td>Milk</td>
</tr>
<tr>
<td>Prunes/dried plums</td>
<td>Peanut butter</td>
</tr>
<tr>
<td>Spinach</td>
<td>Cheese</td>
</tr>
<tr>
<td>Sweet potatoes</td>
<td>Dark sodas</td>
</tr>
<tr>
<td>Tomatoes</td>
<td>Peas</td>
</tr>
<tr>
<td>White potatoes</td>
<td>Nuts</td>
</tr>
</tbody>
</table>

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Add exercise to your day

Exercise can help keep kidney disease in check. Aim to get at least 30 minutes of physical activity on most days of the week. Not sure where to begin? Talk with your primary care physician first. He or she can help you develop a safe exercise plan.

Next, incorporate these tips into your strategy:

- **Break it up.** Shorter chunks of activity are often less daunting than longer ones. Taking a 10-minute walk after every meal may be easier to fit in your day than a 30-minute session.
- **Set realistic goals.** Don’t try to do too much too soon. Start slowly to help you stay motivated and safe.
- **Reward yourself.** What will you look forward to? Maybe it’s setting aside time to watch a favorite movie or buying a new shirt. Give yourself a reason to reach a workout goal. But don’t reward exercise with your favorite food treats.
- **Make it fun.** Activity can be something you enjoy. Go for a bike ride with family, ask a friend to keep you company on walks or try a class at a local fitness center.
- **Do double duty.** Combine exercise with other activities. Walk around or stretch while you watch TV or talk on the telephone. While running errands, walk as far as possible at a brisk pace and carry a shopping basket instead of pushing a cart.
- **Write down your workouts.** Record when you exercise and for how long. Tracking your progress will encourage you to keep going.
Keep your bones strong

Chronic kidney disease-mineral and bone disorder occurs when your kidneys can’t maintain the proper levels of calcium and phosphorus in the blood. CKD-MBD is common in people with kidney disease. It affects almost all patients on dialysis.

**How CKD-MBD happens**
If calcium levels in your blood get too low, or phosphorus levels get too high, four glands in your neck called the parathyroid glands release parathyroid hormone. PTH draws calcium and phosphorus from the bones to raise blood calcium levels.

Healthy kidneys convert vitamin D into calcitriol to help your body absorb dietary calcium and phosphorus into your blood and bones. If calcitriol levels get too low, PTH levels increase and your bones can become weak and brittle.

**Diet and medicine can help**
Eating less phosphorus is one of the most important steps in preventing bone disease. Medicine called phosphate binders can be taken with meals and snacks to help your body absorb less phosphorus. Your primary care physician might prescribe synthetic calcitriol or other forms of vitamin D as pills or injections.

**Get moving to build bone**
Exercise can help you build strong bones. The best workouts for your bones are weight-bearing activities. Examples include stair climbing, basketball, running, walking, tennis, jumping rope, racquetball and weight lifting. Talk with your primary care physician about an exercise routine that’s right for you.
Know your medicines

Your primary care physician may prescribe medicine to help you control your kidney disease. The drugs most often given to kidney patients are ACE inhibitors and ARBs. These medicines work to protect your kidneys in addition to lowering blood pressure.

Other medicines you might need are:

• **Diuretics**, sometimes called water pills, to help your kidneys flush extra water from your system
• **Phosphate binders** to get rid of extra phosphate in your blood
• **Calcium channel blockers or beta-blockers** to help lower your blood pressure
• **Medicine to help control your blood sugar** if you have diabetes

• **Cholesterol-lowering medicines** to protect from cardiovascular risk associated with kidney disease

Talk with your primary care physician about any side effects you have. Always take your medicine as directed.

Remember – don’t stop or change the way you take the medicines prescribed to you. Talk with your primary care physician first.

Ask your primary care physician before you take any over-the-counter drugs.
Be aware of acidosis

One possible side effect of kidney disease is acidosis. This means your blood is too acidic. Acidosis can lead to bone problems and kidney stones. One symptom of acidosis is hyperventilation, which is when you breathe rapidly. You may also feel confused or be very slow and tired. Acidosis is diagnosed through a blood test. The same methods used to treat kidney disease can help with this condition.

Medicine management

When you’re trying to keep track of several pills, it’s easy to make a mistake. You might forget a dose or confuse one pill with another. A drug interaction – when two or more medicines react with one another – can also occur.

Here’s how to prevent problems:

• Take your medicine as prescribed. Don’t skip a dose or quit taking a medicine without talking to your primary care physician.
• Understand the possible side effects of your medicine. Tell your health care team if you experience any of them.
• Create a medicine checklist. Mark down each dose as you take it. Or use a pillbox with compartments.
• Keep a list of all the medicines you take. Share the list with your primary care physician.

Use caution at the drugstore

Be careful about taking over-the-counter remedies, even for sickness that’s not related to your kidneys. For example, antacids can contain harmful ingredients.

Check with your primary care physician before taking herbal remedies, vitamins, food supplements or salt substitutes. These may contain ingredients that can harm your kidneys.

Turn the page to find out how a kidney health action plan can help you.
Create an action plan

On the next page, you’ll find a special form to help you stay on top of kidney disease. Share this worksheet with your health care team. It covers the basics of living well with kidney disease, including the following steps.

Know your numbers
Talk with your primary care physician about your glomerular filtration rate, blood pressure and cholesterol levels. Find out what they are, what they should be and how to keep them on target. Make sure you:
- Regularly check your GFR. Talk with your primary care physician about the testing schedule that’s right for you.
- Check your cholesterol once a year. Kidney disease is sometimes associated with high cholesterol.
- Have your blood pressure checked at every doctor visit.

Adopt a healthy lifestyle
Limit your salt and fat intake, and eat lots of fruits, veggies and whole grains. Engage in physical activity for at least 30 minutes on most days of the week. If you smoke, try to quit. Take advantage of our tobacco cessation program. Learn more about the program on Page 30.

Find support
Ask your primary care physician about programs in your community that help people manage kidney disease.

If you need support, ask friends or family members to attend appointments and meetings with you.
Compare your long-term goal with where you are today. Set a short-term goal and decide what changes you’ll make to reach it.

<table>
<thead>
<tr>
<th><strong>My personal goal</strong></th>
<th><strong>My results today</strong></th>
<th><strong>What I can do</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Glomerular filtration rate:</td>
<td></td>
<td>□ Get my GFR tested yearly</td>
</tr>
<tr>
<td>By date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood pressure:</td>
<td></td>
<td>□ Follow my meal plan</td>
</tr>
<tr>
<td>By date:</td>
<td></td>
<td>□ Limit salt to less than 1,500 mg of sodium per day</td>
</tr>
<tr>
<td>Body mass index:</td>
<td></td>
<td>□ Choose healthy foods</td>
</tr>
<tr>
<td>By date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount of exercise:</td>
<td></td>
<td>□ Ask my primary care physician about an exercise plan</td>
</tr>
<tr>
<td>By date:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*(continued on next page)*
### A kidney health action plan

#### My personal goal

<table>
<thead>
<tr>
<th>My personal goal</th>
<th>My results today</th>
<th>What I can do</th>
</tr>
</thead>
<tbody>
<tr>
<td>LDL cholesterol:</td>
<td></td>
<td>☐ Eat a heart-healthy diet</td>
</tr>
<tr>
<td></td>
<td>By date:_________</td>
<td>☐ Get a cholesterol test at least once a year</td>
</tr>
<tr>
<td>Tobacco use:</td>
<td></td>
<td>☐ Join a tobacco cessation program</td>
</tr>
<tr>
<td></td>
<td>By date:_________</td>
<td></td>
</tr>
<tr>
<td>If I have diabetes, a daily blood sugar level of:</td>
<td></td>
<td>☐ Check my blood sugar every day</td>
</tr>
<tr>
<td></td>
<td>By date:_________</td>
<td>☐ Follow my meal plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ See my primary care physician twice a year for tests</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Take my medicines</td>
</tr>
</tbody>
</table>

#### My results today

|                          |                   | ☐ Eat a heart-healthy diet                                                    |
|                          |                   | ☐ Get a cholesterol test at least once a year                                |
|                          |                   | ☐ Take my medicines                                                            |

#### What I can do

|                          |                   | ☐ Join a tobacco cessation program                                            |
|                          |                   |                                                                                |
|                          |                   | ☐ Check my blood sugar every day                                               |
|                          |                   | ☐ Follow my meal plan                                                         |
|                          |                   | ☐ See my primary care physician twice a year for tests                         |
|                          |                   | ☐ Take my medicines                                                            |

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**This kidney health action plan was created for:**

___________________________ on ________________

Name                  Date

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Blue Care Network is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.
The 5 stages of kidney disease

Kidney disease is progressive, meaning it gets worse over time. Some people with kidney disease get sick faster than others.

Kidney disease is divided into five stages based on your glomerular filtration rate, or GFR.

A GFR of 90 or above is considered normal. As kidney function decreases, GFR gets lower.

Turn the page for a description of the five stages of kidney disease.

Family matters

Kidney disease runs in families. Explain to your family that there are no warning signs of early kidney disease. Even if only one person in your family has kidney disease, it’s important that all blood relatives in your family be tested for kidney disease.
<table>
<thead>
<tr>
<th>Stage</th>
<th>GFR</th>
<th>Description and symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>90 or greater</td>
<td><strong>Normal or increased GFR:</strong> You may have only minor kidney damage. You’ll likely feel no symptoms. You may not even know you’re sick.</td>
</tr>
<tr>
<td>2</td>
<td>60 to 89</td>
<td><strong>Mild decrease in GFR:</strong> It’s possible that you still might not have symptoms. Your kidneys can still function normally even if they aren’t working 100 percent.</td>
</tr>
<tr>
<td>3</td>
<td>30 to 59</td>
<td><strong>Moderate decrease in GFR:</strong> Your hormone and mineral levels may become imbalanced. You’re at risk for anemia and weak bones. Medicine and a healthy diet may help prevent further complications. Your primary care physician may refer you to a kidney specialist.</td>
</tr>
<tr>
<td>4</td>
<td>15 to 29</td>
<td><strong>Severely reduced GFR:</strong> It’s time to learn more about kidney failure treatments. Be prepared to talk about dialysis and transplants with your primary care physician. For dialysis, you’ll need some medical treatments to prepare. If you’re considering a transplant, start looking for a donor.</td>
</tr>
<tr>
<td>5</td>
<td>Less than 15</td>
<td><strong>Kidney failure (end-stage renal disease):</strong> Your kidneys can’t support your body’s needs without dialysis or a kidney transplant. For more about your options in this stage, see Pages 25 through 27.</td>
</tr>
</tbody>
</table>
How dialysis works

If you reach kidney failure (end-stage renal disease), you’ll need dialysis. Dialysis cleans waste from your blood, doing the job that healthy kidneys normally do. There are two main types of dialysis: hemodialysis and peritoneal dialysis.

**Hemodialysis**
In hemodialysis, a machine called a dialyzer or hemodialyzer cleans your blood and returns it to your body. How long dialysis takes depends on your size, your level of kidney function and the waste levels in your body. Most patients will have about three treatments each week for about four hours at a time. Treatments are done either at a dialysis center or in your home.

**Peritoneal dialysis**
In peritoneal dialysis, a cleaning liquid called “dialysis solution” flows into the lining of your abdominal cavity. Waste and fluid flow through this lining, and the dialysis solution catches them. Then the solution is drained, taking the waste and fluids along with it.

There are two main types of peritoneal dialysis:
- Continuous ambulatory peritoneal dialysis, or CAPD, is the most common type. You don’t need a machine, and your blood is always being cleaned through a routine of filling and draining the abdomen using a catheter system.
- Continuous cycling peritoneal dialysis, or CCPD, uses a machine. The machine will exchange the solution three to five times while you sleep and one time longer during the day.

Take an online health assessment to provide a picture of your health and help you understand what steps you can take to improve or maintain it. Visit bcbsm.com, and:
- Log in as a member.
- Click on the Health & Wellness tab, which will take you to Blue Cross® Health & Wellness, powered by WebMD®.
- Click on the Healthy Living tab.
- Click Health Assessment.

WebMD Health Services is an independent company supporting Blue Care Network by providing health and wellness services.
Feel your best on dialysis

Your diet will depend on which kind of dialysis you receive. Talk with your primary care physician about the plan that’s right for you.

Especially for hemodialysis, you’ll need to watch your fluid levels.

• To be less thirsty, avoid salty foods such as chips and pretzels
• Try drinking from smaller cups or glasses
• Freeze juice in an ice cube tray and eat it as a frozen treat – but count it in your fluid allowance

You can still exercise when on dialysis. It can help you feel stronger and can reduce stress and depression. Work with your primary care physician to create an exercise plan that fits your health level and treatment type.

Some people on dialysis have trouble sleeping. One reason may be sleep apnea, which is short pauses in breathing during sleep. Treatments include losing weight, changing your sleeping position or wearing a mask that pumps air into your nose.

Another sleep problem for dialysis patients can be restless legs syndrome. This is an unpleasant feeling in the legs that gets better when you move them. Exercising, but not too close to bedtime, can help. Also try avoiding or limiting your caffeine intake.

Check Page 28 for tips on avoiding illnesses.

Be prepared in an emergency

Ask your primary care physician about a plan in case of a natural disaster or other emergency. Steps can include having extras of your medicine and supplies, stocking up on kidney-friendly pantry items and having an emergency diet plan. This diet plan is not a substitute for dialysis, but can keep you healthy if you have to delay dialysis during an emergency.
Kidney transplants

If your kidneys fail, you may need to have a kidney transplant. Your primary care physician will evaluate you first to see if you’re a candidate. If you are, a medical team at a transplant hospital will examine you further.

Finding a donor
One new kidney will handle the work of your two old kidneys. If someone you know wants to donate a kidney to you, he or she will be tested for health and to see if the kidney is a good match. If you have no donor, you’ll be put on a kidney waiting list.

Surgery basics
The transplant surgery usually takes three or four hours. You’ll receive anesthesia before surgery begins. After making a small cut in your lower abdomen, the surgeon will attach the artery and vein from the new kidney to your artery and vein, and the ureter from the new kidney to your bladder.

Life after surgery
Sometimes the new kidney will make urine right away, and sometimes it takes a few weeks. Patients usually stay in the hospital for about a week after surgery. A transplant is not a cure. It’s an ongoing treatment, and you’ll need to take medicine your whole life.
Protect yourself from flu and pneumonia

The flu is a serious virus — especially for people with kidney disease. It puts you at risk for dangerous complications related to the flu, including pneumonia.

**Flu facts**
The flu is highly contagious. This means it’s easy to catch from people who have it.

**Symptoms of the flu include:**
- Fever
- Chills
- Headache
- Runny or stuffy nose
- Coughing
- Sore throat
- Muscle aches

> Steer clear of the flu

These strategies can also help you dodge the flu:
- Frequently wash your hands with soap and warm water for at least 15 seconds.
- Disinfect telephones, doorknobs, keyboards and other items touched by people who have the flu.
- Make sure that people with the flu blow their noses in a disposable tissue and discard it right away.
To help protect yourself from getting sick, get a flu shot every fall.

**Know pneumonia**

Pneumonia is an inflammation of the lungs. It can result from the flu or a common cold.

**Symptoms of pneumonia include:**
- Cough with yellow or green mucus
- Sharp or stabbing chest pain
- Severe chills
- High fever
- Shortness of breath
- Headache

Call your primary care physician right away if you think you have this serious illness. To protect yourself, ask your primary care physician about getting the pneumonia vaccine.
Support can help you stay smoke-free

Giving up smoking is one of the most beneficial lifestyle changes someone with kidney disease can make. It can also be one of the hardest. If you’re trying to quit, it’s good to know that help is as close as your telephone.

Tobacco Cessation Coaching, powered by WebMD®, is available to all Blue Care Network and BCN AdvantageSM members. It includes five calls from a health coach over a 12-week period. You can schedule your calls when they’re most convenient for you. Once you’ve completed the program, you have unlimited access to call your health coach if you need additional support.

Your health coach will contact you about seven months after the program ends to check on your progress.

If you’re ready to set a quit date within 30 days, enroll in Tobacco Cessation Coaching by calling 1-855-326-5102.
Your emotional health

Everyone goes through periods of feeling down. An occasional bout of sadness is normal.

But depression is more than just a bout of sadness. It’s a serious condition that requires treatment. And when you have kidney disease, you need to pay extra attention to your mental health. That’s because feeling depressed or anxious can make it harder for you to take care of yourself.

Be aware of the symptoms of depression. If you experience one or more of the following for more than two weeks, you may have depression:
• Sadness, especially in the morning
• Quick weight gain or loss
• Problems concentrating

- Loss of interest in pleasurable activities
- Feeling guilty or worthless
- Low energy
- Changes in sleep patterns
- Thoughts of suicide or death

If you’re having thoughts of suicide or death, go to the nearest emergency room or call 911. There is help available for you right now.

If you think you might be depressed, talk with your primary care physician. He or she may recommend meeting with a counselor, taking medicine or joining a support group. You can also call the behavioral or mental health number on the back of your Blue Care Network ID card.

Intimacy issues

Kidney disease can affect many aspects of daily living, including your intimate relationships. Your concerns may be due to medicines you take or caused by anxiety or depression related to your condition. If you have questions about intimacy, talk with your primary care physician about this common issue.
Your rights and responsibilities

As a member in our program, you have rights and responsibilities. A right is what you can expect from us. A responsibility is what we can expect from you.

You have the right to:
- Quit the program at any time by calling Chronic Condition Management.
- Request the name of the program manager so you can get more information, ask questions or ask for a change in the way the program works.
- Talk with your primary care physician or with us about the care you should receive.
- Receive information you can understand.
- Get information about our programs and services, staff qualifications and contracts.
- Work with us to help make your health care decisions.
- Use our grievance program to tell us about any problems or complaints you have.
- Be treated with respect.
- Ask us to act as your patient advocate.
- Know that we respect your health care privacy and we follow state and federal privacy rules.

You have the responsibility to:
- Tell us if you don’t want to be in our program.
- Follow your primary care physician’s advice about your care.
- Talk with your primary care physician honestly about your health so you can be cared for in the right way.

We don’t advertise, market or promote specific products or services to members or doctors when discussing your health problems with you or your doctor or in any of our program materials. We have no financial ownership arrangements with other entities engaged in advertising, marketing or providing goods and services.

More on your right to privacy
Privacy is important to us. We want you to know that we follow special rules to be sure your information is kept private. You may call Customer Service to get a copy of the privacy notice or view it at bcbsm.com.
Make your wishes known

An advance directive is a written statement of your wishes for medical care. It explains what treatments you want, or don’t want, when you can’t speak for yourself.

The state of Michigan only recognizes an advance directive called a **durable power of attorney** for health care. To create one, you’ll need to choose a patient advocate. This person carries out your wishes and makes decisions for you when you cannot. It’s important to pick a person you know and trust to be your advocate. If you don’t choose someone, your primary care physician, a court, a legal guardian or a family member will be your advocate.

A **living will** is another type of advance directive. It’s not enforceable under Michigan law.

More information and the forms you need to write an advance directive are available by calling Customer Service or going to [bcbsm.com](http://bcbsm.com).

Every year, ask your primary care physician about these wellness checks. You may need some of them more than once a year.

- Blood pressure
- Total cholesterol (HDL, LDL, triglycerides)
- Urine protein or albumin
- Glomerular filtration rate
- Creatinine
- Electrocardiogram
- Flu shot

Also, check with your primary care physician to see if you need a pneumonia shot.

Get Flu Shot!
Connecting you to care

24-hour Nurse Advice Line
1-855-624-5214

Chronic Condition Management
1-800-392-4247
TTY users call 711
8:30 a.m. to 5 p.m.
Monday through Friday
bcbsm.com/bcnccmreferral

Case Management
Call 1-800-392-4247
to find out more about individualized support and education from a nurse case manager. TTY users call 711.

Tobacco Cessation Coaching, powered by WebMD®
1-855-326-5102

Digital Health Assistant℠ Programs
After you complete your health assessment, you’ll receive recommendations for WebMD’s Digital Health Assistant online coaching programs, which include: Conquer Stress, Lose Weight, Eat Better, Quit Tobacco, Enjoy Exercise, Feel Happier.

You’ll set small goals that you commit to for one week. Choose activities, create plans and track your progress.

Get started by logging in to your account at bcbsm.com, clicking on Health & Wellness, then clicking the Healthy Living tab.

The health information presented in this booklet is intended for information purposes only and is not a substitute for consultation from a medical professional. This information is not intended to diagnose or treat a health condition. Always seek advice from your primary care physician or health care provider.

Detach this card and complete the contact information. Fold it in half and keep it in your wallet in case of emergency.
Health contacts

Blue Care Network of Michigan
Chronic Condition Management programs
1-800-392-4247 | TTY users call 711
8:30 a.m. to 5 p.m. Monday through Friday

Blue Care Network is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Chronic Condition Management programs
1 800-392-4247 | TTY users call 711
8:30 a.m. to 5 p.m. Monday through Friday
To reach us online, fill out our nurse callback form at bcbsm.com/bcnccmreferral.

Customer Service
Call the number on the back of your Blue Care Network ID card.

bcbsm.com

Detach this card and complete the contact information. Fold it in half and keep it in your wallet in case of emergency.

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Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

BCN AdvantageSM is an HMO-POS and HMO plan with a Medicare contract. Enrollment in BCN Advantage depends on contract renewal.