

Fluid and Weight Management in Kidney Disease

General



Kidney Disease

Chronic kidney disease (CKD) is a gradual loss of the kidneys' filtering ability, usually due to high blood pressure or diabetes. When kidney disease become more advanced and coupled with high salt intake, dangerously high levels of fluid and wastes can build up in your body. Leading to lower limb swelling and in more severe cases, there could be retention of fluid in the lungs, leading to breathlessness. Salt intake affects weight.

How Fluid Affects Weight

Excess fluid in your body shows up on the weighting scale. Therefore, your body weight is an important indicator of how well you are responding to your treatments and fluid management.

Salt (Sodium) Intake And Fluid Retention

Salt intake plays a vital role in the thirst response. High salt intake increases thirst prompting one to drink more water leading to fluid retention. This can increase the risk of water retention.

Sodium In Food

- Salt contains high amounts of sodium
- Processed food products contain high amounts of salt.
 - Examples include: Soy sauce, canned food, salted egg, salted fish, and pickled vegetables

Reducing Salt Intake

- Your dietician will advise you on the amount of salt (sodium) you can take
- Limit the amount of salt intake per day to less than 2g which is less than one teaspoon a day

Symptoms Of Fluid Overload

- Rapid weight gain
- Swelling in the legs/ feet
- Shortness of breath
- Sensation of breathlessness while lying flat

Fluid Restriction

- Limit the amount of fluids to not more than 1.5 litres a day or as per advice provided by your doctor.
- This includes drinks such as coffee, tea, soup, porridge and water that you drink along with your medication.

Measure And Track Your Fluid Intake

- To help you monitor your fluid intake, write down how much you're drinking or eating throughout the day. This will help you plan what you're going to drink and when.
- For instance, if you have a special occasion in the evening, consume less fluid throughout the day

Weight Monitoring

- It is best to:
 - Weigh yourself in the morning (at the same time each day), after emptying your bladder and before breakfast
 - Wear the same amount of clothes each time you weigh yourself and record it daily in your diary or chart
 - Use the same weighing scale
- Watch for sudden weight gain and contact your doctor/ nurse/ care manager
 - If your weight increases 2kg above baseline weight with 3 days
 - OR, if consecutive daily increase in weight of 1kg or more from baseline

Blood Pressure Monitoring

- Record your blood pressure reading twice daily, as instructed by your doctor/ nurse
- Measure your blood pressure at the same time everyday using the same arm. Be relaxed when taking the blood pressure
- Use the correct cuff size for accurate readings
- Ensure that the cuff is placed under clothing
- Avoid drinking coffee, smoking or doing strenuous exercise and to empty your bladder 30 minutes before measuring your blood pressure
- Sit upright with your back supported, and place both feet on the ground
- Rest your arm on a table with the palm of your hand facing up
- Make sure the blood pressure monitor cuff around your arm is at the same level as your heart
- If your blood pressure reading is high, rest for five minutes before measuring it again

Contact your doctor/ nurse/ care manager if your blood pressure reading remains high after repeating it three times.



My Monitoring Chart

Name: _____ **IC** _____

Fluid Restriction: _____/day **BP Target:** _____ **Proteinuria** **Weight Target:** _____

Medications (Please indicate drug and dosage)

ACE-I/ ARB

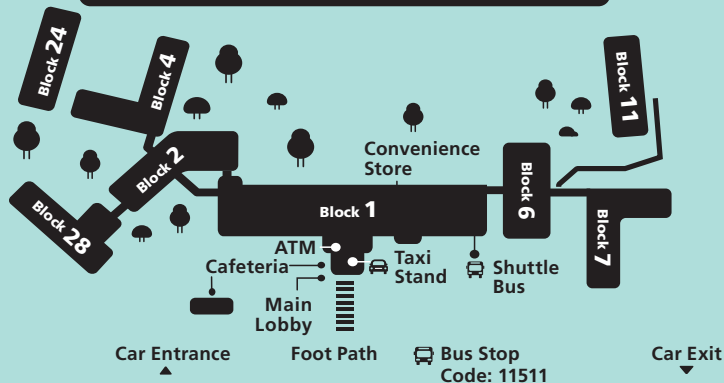
Diuretics

CCB

Others:

Date	Time	Weight	Overload Symptoms	Blood Pressure	Intake (Over 24hours)	Remarks (indicated if medication dosage has changed)
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			

How to Get Around Alexandra Hospital



Block 1

Level 1

- Clinic F, Clinical Measurement Centre
- Pharmacy

Level 2

- Clinic J, Integrated Care Clinic
 - Gynaecology Clinic
 - Outpatient Infusion Centre (OPIC)
 - Podiatry
- Clinic K, Healthy Ageing Clinic
 - Dietetics
 - General Surgery Clinic
 - Palliative Clinic
 - Physiotherapy
 - Plastic Surgery
 - Rehabilitation & Restorative Medicine Clinic
 - Staff Clinic
 - Urology Clinic
 - Vascular Clinic

Level 3

- Ward 7

Block 2

Level 1

- Clinic D, Dental Centre
- Clinic E
 - Anaesthesia Outpatient Consultation Clinic
 - Hand and Reconstruction Microsurgery
 - Neurosurgery
 - Orthopaedic Centre

Level 3

- Day Surgery Operating Theatre (DSOT)

Block 4

Level 1

- Ambulatory Surgery Centre
- Endoscopy Centre
- Rehabilitation 1

Level 2

- Wards 2 and 3

Level 3

- Wards 4 and 5

Block 6

Level 1

- Diagnostic Imaging 2 (DI 2)
- 24-HR Urgent Care Centre

Level 2

- Diagnostic Imaging 3 (DI 3)
- Major Operating Theatres 1 and 2 (MOT 1 & 2)

Level 3

- Intensive Care Unit 1 (ICU 1)
- Major Operating Theatres 3 and 4 (MOT 3 & 4)

Block 7

Level 1

- Wards 8 and 9

Level 2

- Wards 10 and 11

Level 3

- Wards 12 and 13

Block 11

Level 1

- Rehabilitation 2

Block 28

Level 1

- Care and Counselling
- Clinic A, Ear, Nose and Throat Centre (ENT Centre)

Level 2

- Clinic B, Eye Surgery Centre

The information provided in this publication is meant purely for educational purposes and may not be used as a substitute for medical diagnosis or treatment. You should seek the advice of your doctor or a qualified healthcare provider before starting any treatment or if you have any questions related to your health, physical fitness or medical conditions. Information is accurate at time of printing (November 2021) and subject to revision without prior notice.

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