

My Care, My Voice

Care Plan Checklist

Please check the things you want to know more about.

Treatment Related Concerns

- What is Dry Weight? Why does it sometimes change?
- What should my blood pressure be and why does it sometime drop during treatment?
- Why do I sometimes cramp during treatment?
- What determines how long I run? What happens if I cut my time?
- Why can't I dialyze on the days that I want? I need my weekends free.
- What number should my blood count be? How does it affect me?
- What are the different types of access? Which is best for me?
- Can I get a transplant?
- What kind of dialysis can I do at home?
- I need help understanding my diet.

Day to Day Concerns

- I sometimes feel sad – is that normal?
- I need help with transportation, do I qualify for anything?
- Can I get help with drug costs, eyeglasses, dental problems, wheelchairs or walkers?
- I would like to go back to work or go to school? Will I lose my check?

Other questions or comments: _____

Patient Name _____ Date _____