What you need to know about hemodialysis

Our hospital is a **scent-free** environment.

Please refrain from wearing scented products.

Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Hôpital
Hotel Dieu Hospital

KGH
Hôpital Général de
Kingston General Hospital

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Important Phone numbers

Main Unit	613-548-3232 Ext. 4402
Main Unit Receptionist	613-548-2421
Nephrologist (kidney doctor)	613-548-3232

ask the Operator to page the nephrologist on-call

Introduction

This booklet tells you about having hemodialysis at KHSC and its Satellite Units. It has practical information about:

- the Hemodialysis (Renal) Unit
- hemodialysis treatments
- treatment options
- Health care providers
- how to take care of your fistula
- how to take care of your central line
- living well on dialysis
- diet and fluids
- common problems

This pamphlet adds to the information in the Kidney Foundation's booklets. Please take time to read these booklets and this pamphlet.

About the KHSC Hemodialysis Unit

When is the unit open?

Monday to Saturday: 7:00 am to 11:00 pm

How do I call the unit?

When the unit is open, call 613-548-2421. Your call will be answered by the Receptionist. To reach the Nephrologist after hours, call 613-548-3232 and ask the Operator to page the Nephrologist on Call.

Where can I park at KHSC?

Patients with cancer or who are on dialysis have preferred access to the GIDRU parking lot located off George Street.

In order to use a space in the GIDRU lot, you need a permit pass. Please ask any of the nurses looking after you for information regarding how to obtain a parking permit pass.

In addition, you need to purchase and display a parking ticket on your dashboard. The cost of parking in the GIDRU lot is $1.00/hr or $5.00 for the day. Cars parked in GIDRU without displaying a patient permit pass and a pay & display parking ticket on the dashboard will be ticketed.

About your Hemodialysis Treatment

If You Are Ill:

Before coming for your scheduled hemodialysis treatment, please call into the unit if you have:

- New or worse cough or shortness of breath
- Fever or feeling feverish (chills, sweats)
- Vomiting and/or diarrhea (new)

Hemodialysis treatments are generally prescribed 3 times a week, each treatment lasting 4 hours. This is the time you spend on the machine. However, it does take extra time for the nurses to assess you to make sure that it is safe for you to have hemodialysis. We try to start your treatments on time. Sometimes, we have medical emergencies or equipment problems that cause delays. We appreciate your patience when these delays happen and know that delays are frustrating.

We try to plan your treatments around your work and school activities whenever we can. If you need to attend a special event or go to an appointment, we will try to change your hemodialysis time. Please let the charge nurse know at least 1 week in advance (sooner if possible).

Please do not arrive at the hemodialysis unit more than 10 minutes before your treatment is due to start. When you get to the unit on Burr 3, please go to the waiting room. When your machine is ready, a staff member will call you. Once you arrive, make sure that you tell your nurse about any problems you have had since your last treatment, like bleeding, feeling unwell, vomiting, chest pains, falls or a trip to Emergency.

If you don't show up for hemodialysis:

If you do not arrive for your hemodialysis appointment, we will:

- Call you to provide health counselling on the importance of these life sustaining treatments
- Encourage you to attend your hemodialysis appointments as prescribed
- Support you with challenges that may be impacting your decision to attend treatments

If we cannot reach you and you have not arrived for treatment a **Wellness Check** will be requested via local emergency services to ensure you are okay.

Scent-Free Policy

Many patients and staff members are very sensitive to scents. KHSC has a scent-free policy—please do not wear perfumes or scented products when coming to the unit. Also, please do not bring flowers into the unit—many of them can trigger breathing difficulties for our patients and staff members.

Upon arrival for your treatment, please perform hand hygiene using the hand sanitizer provided. Please apply a mask if you have:

- New or worse cough or shortness of breath
- Fever or feeling feverish
- Vomiting

Hemodialysis Units

Hemodialysis can be done in a hospital, in a separate centre, or at home. Some patients choose to be more involved in their care, such as by learning to setup their hemodialysis machine or inserting their own needles.

You and your care team will decide which setting is best for you based upon your medical condition, your wishes, and the available hemodialysis space.

KGH site Hemodialysis Unit
This will be the first unit where you receive hemodialysis and where your treatment plan is initiated.

Satellite Dialysis Clinics are located in:
Bancroft, Belleville, Brockville, Moose Factory, Napanee, Smiths Falls, and Picton

You may be able to receive your hemodialysis treatments in one of the satellite units located in your area. These satellite units operate as clinics.

A Nephrologist will visit you **every 6 weeks** and will make any needed changes to your treatments or medications at that time. There may be a waiting list of people requesting transfer of their hemodialysis treatments to their local satellite clinic.

If you are stable, you may be eligible to receive your hemodialysis treatments in one of our satellite centres. If you become unwell (either physically or emotionally), have increased weight gains, miss treatments, develop a complication, have problems with your line or fistula, or undergo surgery or certain other medical procedures, you must return to KHSC until the problem is resolved. In the event that you require admission to a hospital, your hemodialysis treatments will be carried out at KHSC.

For more information, talk with your nurse or doctor. There is a nurse, called the liaison nurse, who is also available to answer any questions you may have concerning transfer of your care between satellite clinics and KHSC.

Home Dialysis

Some patients choose to do their dialysis at home with a partner, or support person. This has many benefits and is highly encouraged for patients that are able. It lets them choose when to have their treatments, have less dietary restrictions, and travel significantly less. If this kind of dialysis is of interest to you, please talk it over with your doctors and nurses.

Your Renal Care Team

You and Your Family:

You, and your family are important members of the Renal Care team. Good health care is a team effort, especially for people with chronic kidney disease. We encourage you to take an active role in your care and in the planning of your care.

We follow the 4 principles of patient and family-centred care in that we:

1. Will care for you and your family with dignity and respect
2. Will share information with you and your family
3. Will encourage you and your family to participate in your care
4. Will collaborate with you and your family to make decisions about your care

Nephrologists (Kidney Doctors)

A Nephrologist is a doctor with special training in treating and managing kidney diseases. There are several nephrologists in the Renal Care service who take turns seeing patients in the Main Renal Unit and the Satellite Units. Therefore, you may not always see the same doctor during your treatment.

General Practitioners (Family Doctors)

Your Family Doctor is responsible for overseeing all health management issues that are not related to your kidney disease. Please keep the Renal Care team updated on any changes that your Family Doctor has made to your medications, or any investigations that are being arranged for you.

Nurse Practitioner - A Nurse Practitioner is a Registered Nurse who has additional education and advanced medical knowledge and clinical skills.

The Nurse Practitioner works with the nephrologist and health care team to manage your hemodialysis treatment. Nurse practitioners are able to complete assessments, diagnose illness, order tests and medication and provide ongoing support and education.

The Nurse Practitioner also works with other health care team members, patients and families to develop goals of care, manage overall care, and promote health and wellbeing.

Nurses - Renal (sometimes called Nephrology) nurses specialize in the care of patients with kidney disease. Nephrology nurses are responsible for assessing, teaching and supporting patients with kidney disease. The nurses are responsible for protecting the safety of all the patients in the Hemodialysis Unit and ensuring that dialysis treatments and medications are administered correctly and safely. Different nurses will care for you on different treatment days, depending on the needs of all the unit's patients. There is also a nurse, called the **Charge Nurse**, who coordinates the daily clinic activities between all members of the health care team and our patients.

Pharmacists - The pharmacist regularly reviews your medications to ensure you are taking safe and effective medications at the appropriate times. The renal pharmacist is here to support you with any medication concerns including drug access questions and is involved in making drug therapy decisions with the renal team.

If you have questions about your medications, please speak to the renal pharmacist

Social Workers - The social worker is available to provide support to you and your family. Social work can assist with the transition to hemodialysis, transportation, available resources, relationship issues, housing, finances, issues with employment, advance care planning, and so much more! Please tell your nurse if you would like to speak to a social worker.

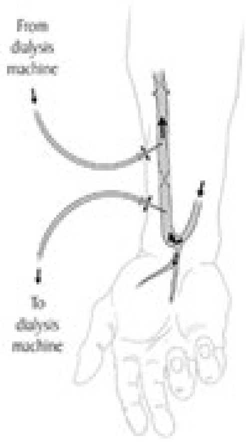
Dietitians - The dietitian helps you work out a meal plan that is right for you and will advise you about adjusting your eating habits once you begin hemodialysis. The dietitian regularly follows your bloodwork, and when necessary, will provide information on why changes to your meal plan are needed. She/he will help you to determine changes that you can make to keep your blood values in a good range and help you to keep healthy. If you have any questions about your diet, please call your dietitian and/or have a nurse contact them.

Dialysis Technologists - The technologists keep the dialysis machines in good working order and make sure the water is safe to use for your treatments.

Volunteers - Volunteers are an invaluable addition to the Renal Care Team. The services they provide vary, for example, volunteers may serve refreshments or provide friendly patient visits.

Answers to Common Questions

How do I take care of my fistula?



Your fistula is your lifeline for dialysis. It is important that you know how to take care of it and how to check that it is still working. Your fistula should feel as if it is buzzing or purring. It also makes a swishing sound called a bruit. These are normal. **If they stop, call the Renal Unit right away**. It may mean that your fistula is clotted. We must act quickly to save your fistula.

Do not

- let anyone use your fistula except the dialysis nurses and doctors. It is your lifeline, so you must be responsible for protecting it.
- let anyone
  - take blood from your fistula arm
  - start an intravenous (IV) in your fistula arm
  - take your blood pressure on your fistula arm
- carry bags or purses over your fistula arm.
- sleep on your fistula arm.
- wear clothes with tight sleeves.

If you think your fistula is infected, tell your nurse at your next dialysis. Your fistula may be infected if it:

- looks red
- feels tender or warm/hot
- swells
- hurts
- has fluid oozing from it

Protect your fistula when lifting, playing sports, or working. If you think you regularly do some activity that may result in your fistula getting ‘knocked about’, please talk to your nurses or doctors about it. They can advise you as to the best way to protect your fistula during your activities.

How do I care for my fistula after treatments?

You may wear a tensor bandage on your fistula arm after dialysis. Take it off when you get home, or sooner if it feels too tight.

We put a bandage over your fistula after your treatment. Remove the bandage 4 hours after your treatment. The bandage may stick to your fistula. If it does, try soaking it with warm water. To avoid infection, you must remove the bandage and keep your fistula clean.

If a needle site bleeds after you leave the unit, put pressure on the site until the bleeding stops. It is a good idea to carry a few sterile gauze squares with you. Use the gauze squares to cover the site before you apply pressure. If the bleeding does not stop, go to the nearest emergency department.

How do I take care of my Central Venous Catheter (CVC)?

You may have a (CVC) or line inserted to allow for dialysis until you have a fistula created and it is ready to use. You may hear your CVC called by many names—Perm-Cath, dialysis line, central line etc.

The skin around the area where your CVC enters your body will be covered with a dressing. You must **keep the CVC and the dressing dry**, so you will need to have a tub or sponge bath while it is in place. Your CVC dressing should only be changed by your hemodialysis nurse.

When Should I Call for Help?

- **If there is any bleeding** (Apply pressure. If bleeding does not stop, call the hemodialysis unit).
- **If you feel ill, get chills, become feverish, or see any drainage** around your CVC or dressing
- **If your dressing becomes loosened** (secure it with tape then call)
- **If the CVC falls out** (apply pressure for 10 to 15 minutes, cover it with clean gauze, tape and call)

Hemodialysis Unit: 613-548-3232 Ext. 4402
24 HR Emergency number: 613-548-3232
ask of Nephrologist on-call.

When appropriate, call 911 first.

What tests can I expect to have?

We take blood from your fistula or dialysis line regularly for routine blood tests. We may need to test your blood more often if you have other problems.

Your care team will talk to you about the test results and when necessary, will assist you in making changes to your medications, dialysis prescription or meal plan.

There may be other tests that your doctors will request from time to time, depending on your health. **Please keep the team informed of any tests that other doctors order for you.**

What can I do while I am having my treatments?

You can do some activities while having dialysis.
For example, you may wish to:

- ✓ watch TV
- ✓ listen to a radio, with earphones
- ✓ knit
- ✓ read
- ✓ do a crossword
- ✓ play cards
- ✓ work on your laptop

Keep in mind that you cannot stand up during your treatments. Your nurse will talk to you about how active you can be during your dialysis.

Can I eat while I am having treatments?

Plan to eat your meals before or after your dialysis treatment. Eating a lot of food during dialysis may cause your blood pressure to decrease quickly during the treatment. This may effect the amount of fluid and waste products that can be removed.

Also, if your blood pressure drops you may feel faint. If this happens while you are eating, you may choke. We recommend that you only bring in a small snack to eat or eat nothing during your dialysis treatment. Your dietitian can provide you with suggestions for acceptable snacks.

Can I have visitors while I am having Hemodialysis?

Yes, absolutely visitors are welcome! We follow the KHSC Outpatient Visitor policy:

- Children under the age of 14 must be accompanied, and supervised, by another adult at all times.
- Visitors that are feeling unwell, have infection, respiratory illness or flu-like illness should not come to the hemodialysis unit
- There may be interruptions to family presence to protect the privacy rights of other patients or to maintain safety and security
- We request that visitors and drivers wait in the waiting room to keep hallways clear and accessible for safety reasons.

How will I feel during my dialysis treatment? Will it be painful?

No, dialysis itself should not painful. When the nurses put the needles into your fistula it does hurt. However, this sensation does lessen over time. Once the needles are placed in your fistula, you should not experience any pain. If you do, you must tell your nurse so that the problem can be fixed.

Sometimes, patients complain of symptoms such as cramps, headaches, nausea or dizziness during dialysis. Your nurse may slow down the rate of fluid removal or increase your time on the machine. You can help yourself to avoid these symptoms by following your fluid and eating plan. Having to remove too much fluid during a dialysis treatment is one of the things that may make you feel uncomfortable during dialysis.

Make sure you tell your nurse if you are having any pain or even just feeling ‘funny’ during your treatment.

What can I do to stay healthy on hemodialysis?

- Take an active role in learning about kidney disease and treatment
- Follow your prescribed diet and fluid plan
- Take your medications as prescribed and tell your kidney doctor about any side effects
- Lead a healthy lifestyle—stop smoking, exercise, maintain a healthy weight, eat nutritiously

Will I need to change the way I eat or drink?

The hemodialysis machine cannot remove all the waste products and extra fluid that healthy kidneys can, so you may need to control the type and amounts of food and fluids you eat and drink.

You and your dietitian will work together to come up with an eating plan that includes food you like and limits foods which are higher in sodium (salt) and phosphorous. Your dietitian will help you determine if you need to adjust the amount of potassium you eat and ensure you’re getting the extra protein you need to help keep you healthy and feeling well.

Be careful when you buy low sodium (salt) food products and salt substitutes. Some contain potassium instead of sodium. Read the labels carefully. Salt substitutes like NoSalt®, Half Salt® and Nu-Salt® should not be used, because these products are high in potassium. Herb based alternatives like Mrs. Dash® and Club House Salt-Free Seasonings® are better choices for you to use. Your dietitian can give you a list of ideas for low sodium seasonings to flavour your foods.

Will I need to reduce the amount of fluids I drink?

If you are retaining fluids (swollen feet or hands, trouble breathing, etc.) and/or your urine output decreases, it will be necessary for you to decrease your fluid intake.

Limiting your fluid will:
⇒ Help control your blood pressure and support your heart.
⇒ Reduce fluid buildup in the lungs and makes it easier to breath.
⇒ Keep you comfortable during dialysis. You will be less likely to feel nauseated and experience muscle cramping

A fluid is anything that is liquid at room temperature.
Jell-O®, ice cream, soup, popsicles, sherbert, ice and sauces

How can I reduce the amount of fluid that I drink?

Here are a few tips:

- Eat less salt and salty foods so you do not get as thirsty
- Measure fluids to learn how much fluid is in cups, glasses and bowls
- Use smaller cups and glasses
- Drink only if you are thirsty
- Use crushed ice mixed with very small amounts of fluid
- Suck hard candies or chew gum
- Rinse your mouth and brush your teeth often
- Eat frozen grapes and other fruits that are low in potassium
- Count frozen foods that melt when they are at room temperature as part of your fluid intake
- If you have diabetes, keep blood sugars under control

Is it OK to travel?

There are hemodialysis units across Canada and in many parts of the world. However, you must plan several months in advance due to limited space and staff, and there is likely to be a charge for hemodialysis outside of Ontario.

If you plan to travel, speak to your nurse/care team as soon as possible. They can provide assistance and medical documentation. Remember, arrangements must be made well in advance.

Should I wear a Medic Alert bracelet?

It is a good idea to wear a Medic Alert bracelet. This lets others know that you are a kidney patient. You can get an application form online, from the Hemodialysis Unit, Kidney Foundation, or your family doctor.

When you fill out the application, make sure you include:

- your medical conditions such as kidney disease, diabetes
- the medicine you take
- your allergies
- your fistula location

Note other questions you may have:

How do I deal with common problems?

The following are common problems which can be controlled or reduced by trying the tips that are suggested under each item. Tell your nurse or doctor if you have any of these problems.

Constipation

This may be caused by some of your medications or because of some of the changes to what you eat and drink. Ask your dietitian for suggestions of foods which are higher in fibre that can be included in your diet. If you have been less active, try to gradually increase your activity. If these tips don't help talk to your doctor/pharmacist about laxatives that are safe for you to take.

Too much fluid in your body

If you have too much fluid in your body, you may get

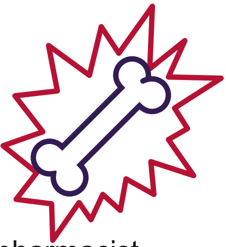
- swollen or puffy legs, ankles, face or hands
- high blood pressure
- shortness of breath

This can happen if you drink too much fluid or eat too much salt or salty foods.

How can I gain so much weight if I don't drink anything?

Without knowing it, you may eat too much salt. This makes your body retain fluid and increase your thirst, so that you drink more. You may also eat foods that have hidden water such as Jell-O®, soup, gravy and frozen foods like ice cream or sherbet that are fluid at room temperature.

Bone Pain



When your phosphorus, calcium and parathyroid levels are out of normal range, they can lead to problems with your bones and joints. These levels are monitored closely. Your doctor, nurse, pharmacist and dietitian will talk to you about how to control these levels.

Low blood pressure

You may get low blood pressure near the end of your treatment. This may make you yawn or make you feel dizzy, tired and cold, or as if people are talking to you through a tunnel. If you have these feelings, or feel "funny" tell your nurse. Your nurse will:

- stop or slow down fluid removal
- tilt your head back and your feet up so that more blood gets to your brain
- give you saline or a drink

<u>To help prevent low blood pressure, it is important to follow your sodium and fluid restrictions and to limit food intake during dialysis.</u>

Change in appetite

When you first start dialysis, you may not feel like eating very much. As the dialysis removes the waste products from your body, your appetite should return. Your dietitian can provide you with ideas for foods or supplements which may appeal more while your appetite is decreased. It may be easier to eat several small meals/snacks instead of three regular meals.

Changes in your energy level

When you first start dialysis, your energy level may be low. Having less hemoglobin in your blood, or high waste products in your body may make you feel this way. As the dialysis removes these wastes, your energy should return. Many people feel tired right after dialysis but feel better about 2 hours later. Many people return to their former activities, at work and at home after they start dialysis.

I am getting erythropoietin (Eprex®, EPO). Why is my hemoglobin still low?

If you have an infection, low iron or lose too much blood, your hemoglobin gets low even if you take erythropoietin. As well, you must remember that it takes 4-6 weeks for the EPO to work.

Why is my potassium level always high? I don't eat food with much potassium in it.

Almost all foods have potassium—serving size is very important. If you have diabetes, high blood glucose can make your potassium high. If you cannot determine why your potassium level is higher, ask to see your dietitian. Your dietitian will help you to learn which foods need to be limited due to high potassium content and other practical tips to help reduce potassium in your diet.

Potassium is removed while you are on hemodialysis, so it is very important that you stay for your full treatment time. If you leave before 240 minutes have passed, you are missing out on valuable ‘removal’ time.

What do I need to know about taking my medications?

Your doctor prescribes drugs for you to take.

You need to know:
- the reasons for taking the drugs
- how and when to take them
- their side effects
- which ones you cannot take right before dialysis

If you take any other drugs, tell your nurse, pharmacist or nephrologist about all other drugs that you take.

This includes:
- vitamins and supplements
- herbal products and remedies
- drugs that other doctors prescribe for you
- drugs that you buy without a prescription such as allergy, pain and cold pills. These are called over-the-counter drugs.

Talk to your pharmacist and/or nephrologist before you take any over-the counter drugs or any herbal products. Some herbal products can create serious problems for people with kidney disease, and can interact with medications. **Your medications are routinely reviewed by the renal team. Please remember to bring in all your medications every six (6) weeks.**

Common Medications

Your Nephrologist may order any of the following drugs for you:

- **Erythropoietin (EPO) -** EPO helps your bones make red blood cells which increases your hemoglobin. Your nurse gives you EPO through your dialysis line at the end of each treatment. It takes 4 to 6 weeks to feel the effects of EPO.
- **Phosphate binders -** These include calcium carbonate (without Vitamin D), and drugs such as Tums®, sucralfate, Amphogel® and Renagel®. These drugs bind with the phosphorus in your food to lower the amount of phosphate in your body. Keeping your phosphate levels under control helps your bones stay strong and healthy. Take your phosphate binder every time you have a meal or snack as prescribed.
- **Iron -** Iron is needed to make red blood cells. Iron pills may upset your stomach and turn your stools black. Take iron at bedtime when your stomach is empty. To maximize the absorption of iron, it is best taken on an empty stomach. Do not take iron at the same time that you take your phosphate binder. The phosphate binder binds with iron and makes the iron inactive. You also may get iron through the dialysis line during your treatments.

- **Vitamin and Mineral Supplements** - Any vitamin or mineral supplement should be double checked by a pharmacist or nephrologist prior to taking. Some vitamins and minerals may be harmful if taken by people with kidney disease. Special multiple vitamins such as Replavite®, replace vitamins that you lose during dialysis and that you are unable to get from your diet. Take these vitamins after your treatments.
- **Folic Acid** - Folic acid is a vitamin B that helps make red blood cells. Your nurse may give you this pill after every dialysis treatment.
- **Vitamin B12** - This vitamin helps make red blood cells. We give you vitamin B12 into the dialysis lines every 3 months.
- **Vitamin D** - Your kidneys help your body to turn vitamin D into a form that helps to keep your bones healthy. You may need to take a special form of vitamin D called Calcitriol or Rocaltrol.
- **Blood pressure pills** - There are different kinds of blood pressure pills. Do not take blood pressure pills before your treatment unless your doctor tells you to take them. Side effects of blood pressure pills include dizziness, swelling, coughing and a slow heart beat. Tell your nurse if you have any of these symptoms.
- **Antibiotics** - You need to take antibiotics before and after you have dental work. Dental work includes having your teeth cleaned. The antibiotic prevents infection in your blood. Tell your nurse or doctor when you are going to the dentist. Give them enough time to plan your treatment.

- **Blood Thinner -** Blood clots in the catheter or machine may be a problem in hemodialysis and can decrease blood flow resulting in less efficient dialysis. Your nephrologist may order medications such as dalteparin (Fragmin®) to prevent clotting during dialysis.

Patient Surveys

From time to time, we ask you to fill out questionnaires. Your answers tell us what you think about your physical and emotional health. Just like your blood results, these surveys give us information that helps us care for you.

Foot Care

Many patients with diabetes have issues with their feet. The nurses in the hemodialysis unit will perform routine foot screening in order to help prevent serious foot complications . If you already receive foot care from a specialist, please notify your nurse since there is no need to duplicate care efforts.

How this affects you:

- During your dialysis treatment, your nurse will request to perform a foot assessment. This is a quick assessment in order to determine if you are in need of specialized foot care. If specialized care is required, then we will arrange for a consult to a foot care clinic.
- High risk patients will get follow-up foot assessments every 3 months. Low risk patients will get follow-up foot assessments every 12 months.
- Any time you have an open wound on your foot, you should let your care team know as soon as possible.

Patient Services

There is an advisory council that discusses and plans changes to improve hospital quality and safety. Members include patients, families, hospital staff and physicians. If you are interested, please call the KHSC Lead for Patient and Family Centred Care at 613-549-6666 ext 4424.

There is also a Patient Relations Program in the hospital for any issues not specifically related to your dialysis treatments. You can contact this program by phone 613-549-6666 ext 4158.

The Kidney Foundation of Canada

The Kidney Foundation of Canada is committed to improving the lives of people living with kidney disease through education, support and financial assistance. Volunteers and staff run the Kingston Chapter of the Kidney Foundation. The Chapter raises money for kidney research and patient services.

The Foundation has established a toll-free peer support helpline (1-866-390-7337). Telephones are answered by volunteers who have been trained to offer peer support, have signed a confidentiality oath and have first-hand experience with living with kidney disease. You also can find information in the Foundation's newsletter "Diatran", on the foundation website (www.kidney.ca), or on the internet using keywords such as dialysis, kidneys, renal and hemodialysis.

For more information call the Kingston Kidney Foundation at: 613- 542-2121.

Advanced Care Planning

Substitute Decision Maker

A substitute Decision Maker (SDM) is the person who will make decisions about your care and treatments if you are too sick or unable to make them yourself. By Ontario law, everyone has an automatic SDM. If you want to choose your own, then you need to assign a power of attorney for personal care.

Power of Attorney – Personal Care

This is a formal legal document that identifies who you would choose to make care decisions for you in the event that you cannot make them yourself. In order to have a Power of Attorney (Personal Care), the person's name must be indicated on a legal document.

The Ontario Renal Network has produced a document entitled "Advance Care Planning, Goals of Care, and Treatment Decisions & Informed Consent" that is located in our waiting room. This contains more information about advanced care planning.

Please ask your Social Worker for more information.

Note other questions you may have:

Transportation

Community Agencies

Volunteer drivers are arranged through community care agencies in your community. There is a charge per kilometer.

Victorian Order of Nursing Vans (VON)

Subsidies may be available for those living close or under the poverty line. They charge per kilometer. T4 slips must be provided to apply for this funding and you apply directly with the VON.

Access / Mobility Bus

This service is for patients that require a mobility aid and are not able to use public transportation on their own. Not all communities have access to this type of transportation. Cost is the same as using public transportation.

Public Transportation

If patients are physically able, public transportation is the most affordable option.

Taxi

This option is generally used as the last resort as it can be the most expensive

Tax Information

Medical Expense Tax Credit - The Medical Expense Tax Credit is a non-refundable tax credit that you can claim for a wide range of medical and related expenses.

Travel Expenses - The cost of travel expenses can be claimed if you travelled at least 40 km (one-way), from your home to get medical services. If you travelled over 80 km one-way, your travel expenses can include mileage, accommodations and meals.

Prescription drugs and medications - You can claim the cost of prescription drugs and medications that were prescribed by a medical professional and were recorded by a pharmacist. You cannot claim over-the-counter medications, vitamins, or supplements, even if prescribed by a medical professional (except Vitamin B12).

Disability Tax Credit - The Disability Tax Credit is a non-refundable tax credit that helps persons with disabilities or their supporting persons reduce the amount of income tax they may have to pay. If you have no tax payable, you may transfer the credit to a spouse or other supporting person.

Please ask your Social Worker for more information.

Notes:

Notes:

This booklet has been developed by
Kingston Health Sciences Centre (KHSC) Staff
KHSC appreciates the valuable contributions provided by the many patients and family members who also participated in the development of this booklet

Transforming care, together™

Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Hôpital Hotel Dieu Hospital

KGH Hôpital Général de Kingston General Hospital

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