

My Action Plan for Chronic Kidney Disease

Name _____ Date _____

Please bring this plan and a list of your medicines to each health provider or emergency room visit.

Things I will do each day

- Check my weight and blood pressure like my health care provider and I discussed.
- Write down my weight and blood pressure.
- Check my blood pressure if I am not feeling right.
- Go to all my health appointments.
- Take my medicines, even when I feel good.
- Exercise like my health care provider and I discussed.
- Do not take Non-Steroidal Anti-Inflammatory medicines (NSAIDS) including: Ibuprofen, Aleve, Advil, Meloxicam, Motrin, Naproxen, and Indomethacin.
- Stay away from smoky places and do not smoke.
- Eat three healthy-portioned, low-sodium meals consisting of fresh fruits and vegetables and non-processed meats.

I feel normal for me

- I feel good for me.
- My blood pressure is lower than 130/80.
- My weight is changing less than 3 pounds in 1 day or 5 pounds in 1 week.

CAUTION – I need to take action

I FEEL WORSE

If I have any of the following:

- My blood pressure is lower than 100/50 for more than 3 checks.
- My blood pressure is higher than 150/90 for more than 3 checks.
- I have a weight gain of more than 3 pounds in 1 day or 5 pounds in 1 week.
- My skin is cold, clammy, or pale.

ACTION

- I will take my medicine the way my health provider told me.
- I will check my blood pressure more often (about every 15 minutes for 3 checks).
- **I will call my health provider within 1 hour.**

Name: _____

Phone: _____

If I have any of the following:

- I feel dizzy or lightheaded.
- I have nausea or vomiting.
- I have blurred or double vision.
- I feel short of breath.
- I have more swelling or fatigue.
- I have a metallic taste in my mouth.

ACTION

- I will take my medicine the way my health provider told me.
- **I will call my health provider if I experience these symptoms for more than 3 days.**

DANGER – I will take action immediately

I FEEL MUCH WORSE

- My top blood pressure number is less than 85, **AND** I feel dizzy or lightheaded.
- My top blood pressure number is more than 190, **AND** I have chest discomfort, shortness of breath, blurred vision, or headache.

ACTION – I will CALL 911

I will get help right away.

I WILL NOT drive myself or have a friend or family member drive me to the hospital.

