Anemia is a common complication of chronic kidney disease (CKD). The medical reasons include:

- insufficient iron stores
- decreased production of erythropoietin
- endocrine/immune abnormalities
- high-turnover states
- other factors such as inflammation, malignancy, and infection

Kidney transplantation offers lower rates of all cause, cardiovascular and hospitalization rates compared to dialysis. In 2007, Adjusted one-year survival with a functioning transplant was 93% in ESRD patients. In 2007, adjusted one-year survival with a functioning transplant was 93%, with a median overall survival of 7.6 years. The survival was significantly higher compared to the general population. In 2007, the adjusted one-year survival with a functioning transplant was 93%, with a median overall survival of 7.6 years. The survival was significantly higher compared to the general population. In 2007, the adjusted one-year survival with a functioning transplant was 93%, with a median overall survival of 7.6 years. The survival was significantly higher compared to the general population.
While there is no conclusive evidence on which catheter type should be used, it is generally recommended to use the catheter that is most appropriate for the patient's needs and the type of dialysis being performed.

However, the choice of catheter may depend on factors such as the patient's medical history, the specific type of dialysis being performed, and the location of the catheter.

For instance, peritoneal dialysis catheters are typically placed in the peritoneal cavity, whereas hemodialysis catheters are typically placed in the veins of the arm or leg.

In summary, the choice of catheter type should be based on a careful assessment of the patient's needs and the specific requirements of the dialysis procedure.
### Patient Reasons

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#### References


#### Clinical Guideline Recommendations

- Institute advance care planning. (RPA, 2010)

- The purpose of advance care planning is to help the patient understand his/her condition, identify his/her goals for care, and prepare for the decisions that may have to be made as the condition progresses over time.

- For chronic dialysis patients, the interdisciplinary renal care team should encourage patient-family discussion and advance care planning and include advance care planning in the overall plan of care for each individual patient.

- The renal care team should designate a person to be primarily responsible for implementing the advance care planning process in the patient's care setting.

- The process of advance care planning can help the patient estimate the likelihood of various outcomes, such as the probability of survival, the likelihood of requiring dialysis, and the likelihood of experiencing significant symptoms or complications associated with dialysis.

- If a patient has advance directives that are specific to the dialysis setting, such as a dialysis order set or a dialysis specific POLST form, these directives should be followed to the extent possible. If the patient has not provided specific directives, the renal care team should consider communicating with the patient’s family to understand the patient’s wishes and preferences.

- Special consideration: Patients with end-stage renal disease (ESRD) who are undergoing treatment (or continue to require treatment) are typically at high risk for death and should be considered candidates for advance care planning. The renal care team should work with the patient and their family to develop a comprehensive plan that addresses their goals and preferences for care at the end of life.

- The renal care team should ensure that all documented advance directives are easily accessible to all care providers, including the nephrologist and other nephrology clinicians. Advanced directives should be honored by dialysis centers, nephrologists, and other nephrology clinicians except possibly in situations in which the advance directive requests treatment contrary to the standard of care.

- Patients with advanced kidney disease often have limited options for treatment and care, and may experience significant physical and emotional distress. Advance care planning can help patients and their families make informed decisions about treatment and care options, and can help to ensure that patients receive care that is consistent with their values and preferences.

- Patients may benefit from advance care planning even if they are not currently undergoing dialysis treatment. The renal care team should encourage patients to consider advance care planning as part of their overall approach to managing their kidney disease.

- The renal care team should ensure that all documented advance directives are easily accessible to all care providers, including the nephrologist and other nephrology clinicians. Advanced directives should be honored by dialysis centers, nephrologists, and other nephrology clinicians except possibly in situations in which the advance directive requests treatment contrary to the standard of care.