Diet for Peritoneal Dialysis

This diet may be modified in protein, sodium, phosphorus, potassium, and/or fluid, depending on individual patients' needs. The goals of nutrition therapy are similar to those for patients on hemodialysis. Providing enough protein to replace peritoneal losses is a priority.

USES OF THIS DIET

The diet is designed for the patient with end-stage *renal* (kidney) disease, who is treated by peritoneal dialysis. Treatment options include:

- Continuous Ambulatory Peritoneal Dialysis (CAPD): Usually four exchanges of 1.5 to 2.0 liter volumes of *glucose* (sugar) and electrolyte - containing dialysate.
- Continuous Cyclic Peritoneal Dialysis (CCPD): Essentially a reversal of CAPD, with shorter exchanges at night and a longer one during the day.
- Intermittent Peritoneal Dialysis (IPD): Ten to twelve hours of exchanges, two to three times weekly.

ADEQUACY

The diet may not meet the RDA for calcium and ascorbic acid. Protein and water-soluble vitamin needs may be increased because of losses into the dialysate. Research on vitamin needs for this patient is lacking, and, therefore, recommended daily supplements are the same as for hemodialysis patients.

ASSESSMENT/DETERMINATION OF DIET

Patients' dietary needs will differ and parameters must be individualized.

- **Protein**

Guidelines: 1.2 - 1.3 gm/kg/day **OR** 1.5 gm/kg/day if patient is malnourished, catabolic, or has a protracted episode of peritonitis. A minimum of 50% of the protein intake should be of high biological value.
Goals: Meet protein requirements, and replace dialysate losses while avoiding excessive accumulation of waste products. Achieve serum albumin > 3.5 g/dL.
Evaluate: current nutritional status, serum albumin and BUN levels, presence of peritonitis.

- **Sodium**

Guidelines: usually 90 - 175 mEq (2000 - 4000 mg), but should be individualized.
Goals: minimize complications of fluid imbalance.
Evaluate: weight, blood pressure regulation, and presence of edema (swelling).

- **Potassium**

Guidelines: individualized; often not restricted, and may need to be supplemented.
Goals: serum K+ levels between 4.0 - 5.0 mEq/L.
Evaluate: serum K+ levels, usual intake of K+, appetite.

- **Phosphorus**

Guidelines: 800 - 1200 mg/day (the high protein intake results in a high obligatory P intake).
Goal: serum P levels between 4.5 - 6.0 mg/dL.
Evaluate: serum P levels, usual P intake, P-binding medications: type, number, dosage, distribution.

- **Fluids**

Guidelines: individualized - may not be restricted for all patients.
Goal: minimize complications of fluid imbalance.
Evaluate: weight, blood pressure regulation, sodium intake, and presence of *edema* (swelling).

Document Released: 12/18/2006 Document Re-Released: 04/03/2008

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