

## Renal diet quiz from www.edren.org

1. What is the average daily intake of NaCl in the UK?  
(a) 6g            (c) 8g  
(b) 7g            (d) 9g  
What is this in mmol of sodium? .....  
(There is 17mmol sodium in 1g NaCl)
2. What is the Department of Health's recommendation for NaCl intake for the general population in the UK?  
(a) 4g/day      (c) 6g/day  
(b) 5g/day      (d) 8g/day  
What is this in mmol of sodium? .....  
The physiological requirement is 3-20mmol/day!
3. Renal patients are advised to follow a "No added salt" (NAS) diet. This is equivalent to:  
(a) 22mmol      (c) 60-80mmol  
(b) 40mmol      (d) 80-100mmol
4. How much sodium is there in 1g sodium bicarbonate ?  
(a) 9mmol      (c) 13mmol  
(b) 11mmol      (d) 15mmol  
Renal patients may be prescribed 3 g per day!
5. True or false? Salt substitutes (e.g.. Lo Salt) are suitable for use by renal patients? .....  
Please explain your answer.....
6. By reducing intake of which nutrient can help control itching?  
Potassium      Salt  
Fat              Phosphate
7. When should phosphate binders be taken?  
(a) 30 minutes before food            (c) With food  
(b) 15 minutes before food            (d) After food
8. By reducing which nutrient can help prevent thirst?  
Sugar              Fibre  
Salt                Fat  
Potassium
9. True or False? All renal patients must take a phosphate binder with every meal.
10. Acidosis can be a contributing factor in:-  
(a) hypokalaemia  
(b) hyperkalaemia  
(c) hyperphosphataemia

11. Calcium Resonium is used to treat:-  
(a) hyperphosphataemia  
(b) hyperkalaemia  
(c) acidosis

12. True or False? Dietary potassium restrictions are usually less strict for patients on peritoneal dialysis than haemodialysis.

13. Name 5 causes of malnutrition in the renal patient?

**14. Case Study:**

**Diagnosis:** Chronic renal failure secondary to APCKD  
Haemodialysis since 2004

**Diet History:**

Breakfast: Fruit and Fibre with semi skimmed milk  
Coffee with semi skimmed milk  
Glass of fresh orange juice

Mid Morning: Coffee with semi skimmed milk  
Banana

Lunch: Cheddar cheese/ham and tomato sandwich  
Cup-a-soup  
Yoghurt

Mid-afternoon: Packet of crisps  
Small glass orange squash  
Apple

Dinner: Chicken and mushroom casserole  
Boiled potatoes  
Steamed carrots and broccoli  
Tinned fruit with cream

Evening: Cup of black tea  
2 x chocolate digestives

**Salt:** Adds small amount in cooking and at the table.

**Milk:** Approx 1/3 pint /day.

**Fluid restriction:** 1L per day.

**Relevant medications:** Takes one phosex per day with evening meal

**Questions...**

- This patient has a "pre" dialysis potassium of 6.5mmol/l. What changes could be made to reduce the potassium content of this diet?
- This patient is gaining approximately 3kg of fluid between HD sessions. On going through their current intake in detail, they realise that they are tending to exceed their fluid restriction, and are therefore given advice on this.
  - Is there another aspect of their diet that could help?
  - Could you suggest some changes?
- A few weeks later, their phosphate level is 2.2mmol/l. What could you suggest to decrease their dietary phosphate intake? Is there any alterations to their medications that may help?