Appendix –Supplementary Materials

Table 4: ALGORITHM FOR DETERMINING DIALYSIS TREATMENT FREQUENCY PRIORITY

PRIORITY A	• **Average interdialytic weight gain ≥ 2 kg during the last month** **OR** • **Cannot miss based on opinion of treating physician** e.g. inability to tolerate small weight gains due to tenuous cardiac status, non-adherent with Kayexalate, etc.	**Cannot miss any treatments safely**
PRIORITY B	• **2 or more K values >5.5 mEq/L during the last 3 months**	**Ideally should not miss any treatments** If must miss one treatment, use sodium polystyrene sulfonate (Kayexalate) 30 g daily until next treatment, or another approved potassium-binder.
PRIORITY C	• one K value >5.5 mEq/L in the last 3 months	*Can temporarily miss one treatment in a week if absolutely necessary. Prescribe sodium polystyrene sulfonate (Kayexalate) 15 g daily until next treatment or another approved potassium-binder.
PRIORITY D	• All others	*Can temporarily miss one treatment in a week if absolutely necessary The need for Kayexalate should be determined by the treating physician based on knowledge of the patient's average K, adherence, and residual kidney function

This algorithm was developed for use with Nephrocare electronic medical record (EMR), but could also be applied with other EMRs.

Patient should not miss two consecutive treatments, *and if possible, no more than two treatments in 6 weeks.
***Patients with serious dialysis access related issues with decreased blood flows and potential pre-existing underdialysis should NOT miss any treatments.**
***Treating physician has the discretion to override this algorithm for individual patients.**

Table 5: CRITERIA for initiating and maintaining TWICE WEEKLY HEMODIALYSIS treatment [1,2,3]

- Adequate KRU of >3 ml/min/1.73m^2 (requires prior 24-hour urine collection available). KRU = residual urea clearance[1]
- Adequate residual urine output >600 ml/day
- Fluid gain <2.5kg between two consecutive HD treatments, or <5% of the ideal dry weight
- No clinically significant fluid overload
- Suitable body size relative to residual kidney function and not in hypercatabolic state
- K <5.5 mEq/L
- Good nutritional status
- Infrequent hospitalization and easily manageable comorbid conditions including cardiovascular or pulmonary symptoms