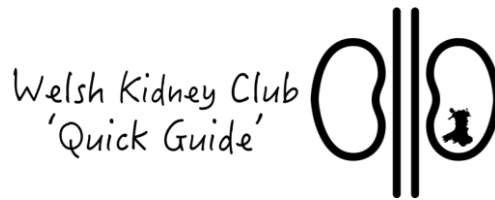


Medical Management of ESRD Symptoms*



SYMPTOM	Rx	Dose for eGFR<15	NOTES
Uraemic Itch	Methanol 1% in aqueous cream	PRN	Rule out Fe deficiency If HD, check Kt/V Avoid soap
	Chlorpheniramine	4mg QDS	
Restless Legs	Gabapentin	100mg post HD (titrate to response)	R/o Fe deficiency, high PO ₄ , low Hb If HD, check Kt/V
	Clonazepam	500mcg ON	
Cramps	Gabapentin	100mg ON	ADRs-Long QT/Low Plts
Insomnia	Quinine Sulphate	200-300mg ON	Review sleep hygiene
Pain (WHO Ladder Modified for CKD)	Paracetamol (P)	500mg-1g QDS	Avoid Codeine Avoid NSAIDS (non renal ADRs exacerbated also) Avoid Morphine Tramadol may lower seizure threshold in uraemia Patches= slow onset effect and harder to reverse. D/w pain team
	(P+) Tramadol	50mg BD-QDS (post HD)	
	(P+) Oxycodone (MR + PRN)	Start lowest dose and titrate	
	(P)+ Fentanyl patch	12.5-25mcg/hr	
	(All +) Amitriptyline	10mg-40mg ON	
Depression	(All +) Gabapentin	Start at 100mg ON	SSRIs may exacerbate restless legs
	SSRI- Sertraline 25mg citalopram 10mg	No dose adjustment for SSRIs in ESRD/HD	

* Holistic approach; consider non-pharmacological options

Consider timely referral to CKD nurses to facilitate palliative community input as required