Renal Support Network
RSNhope.org

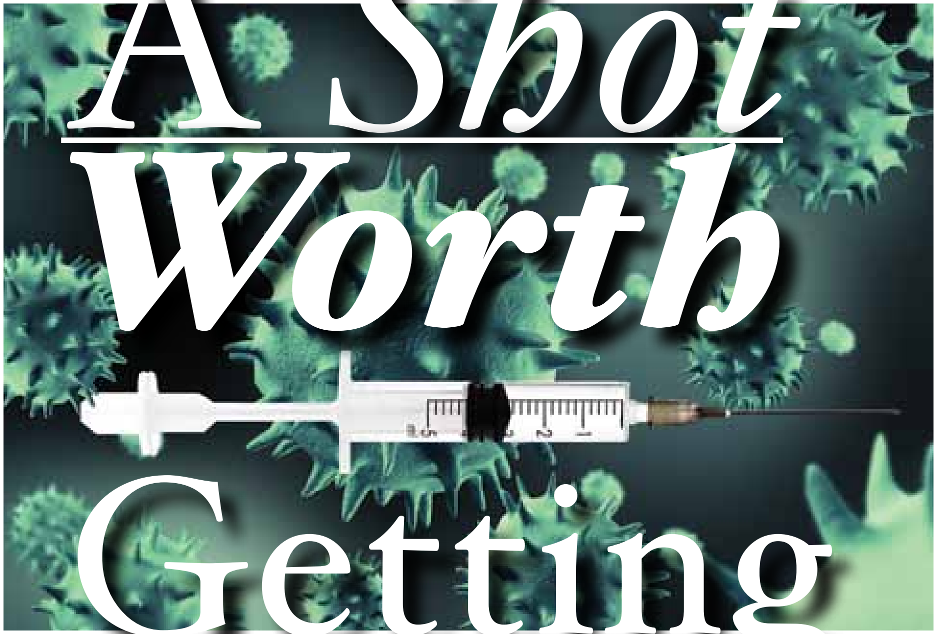
# Live & Give

Spring/Summer 2014
Vol. 9, Issue 1

***Helping to educate and motivate people living with chronic kidney disease.***

## The Wellness Knowledge is Power Issue

# A Shot Worth Getting



By Wendy Rodgers, M.Ed.

As I approached the fifth anniversary of my kidney transplant, with my lupus in remission and an outstanding creatinine level, I never suspected that this year's annual flu vaccination would be literally life-saving. Since receiving my transplant, I've been very careful to get a flu shot every year. Knowing that my immune system is compromised motivates me to make sure that I have the best chance of avoiding this illness. While visiting my family over the holidays, I saw news reports about a nearby community where there were sudden, mysterious deaths from an unknown illness. Although I found the news a little frightening because I'd developed a cough, I dismissed my concerns. The night after our family's holiday celebration, I woke up with an excruciating headache. I hadn't ever felt this kind of pain, and its intensity made me realize that I needed immediate care. Also, it was now painful to cough. I became more anxious as I walked through the doors to the emergency room. My previous health problems and my nearly five-year-old precious cargo made me more nervous than usual about receiving care in an unknown facility.

***Cover story continues on page 12***

Shine a Light
On Kidney Disease

Every celebrity or public figure enjoys the spotlight at one time or another. So RSN is asking celebrities and public figures to decorate and sign a lamp that will be auctioned off to help RSN "Shine A Light on Kidney Disease." 100% of the proceeds will be used to fund the Annual Renal Teen Prom and our educational activities, while simultaneously increasing awareness about the risks of chronic kidney disease and the life-saving benefits of organ donation for both children and adults.

### *Look Who's Shining a Light on Kidney Disease!*

*Created and autographed by actor, producer and kidney transplant recipient Stephen Furst; known for his roles as "Flounder" in Animal House, Dr. Elliot Axelrod in the Emmy Award winning St. Elsewhere and Vir Cotto in Babylon 5. He loves to cook and used his passion for cooking as an inspiration to decorate this lamp.*

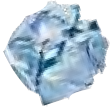
### *Make Your Own Lamp and Raise Awareness*

*Look in your attic, shop garage sales or go to Ikea and find a lamp and decorate it with your own personal artistic style and add a name to tell a story. Email RSN a picture of your creation with text of your story and we will share. Post your photo(s) on your social media to help "Shine a Light" on Kidney Disease. Use #shinealightkidney and tag us on Twitter @rsnhope and Facebook.*

**We can't wait to see *your* designs!**

# That's How the BILL Bounces!

by Lori Hartwell



The medical bills that I've received in my lifetime could supply an entire school with a year's worth of paper. They usually arrive when I've just had a medical crisis, so I'm already overwhelmed even before I go to the mailbox. Last February, my Medicare coverage ended because I hit the 3-year mark for my kidney transplant. I'm grateful to have private insurance as well and was lucky enough to have had both when I had to start back on dialysis in 2010. Because of special legislation enacted in the early 1970s, most people with a diagnosis of end-stage renal disease qualify for Medicare. (People who have liver failure aren't eligible for this entitlement program.) Without both plans, I'm sure that my share of the costs—the amount I have to pay out of my own pocket for deductibles, coinsurance, and copayments for doctor visits and medications—would have been pretty steep. Health care costs are rising across the board, and it's evident that our share of these costs is increasing too. I've learned a few tips over the years to help me understand before a planned visit or procedure what I have to pay and to make sure that I'm being billed correctly.

A few years ago, I was in the hospital with a serious health issue and was not very with it. Sleep was my top priority. A couple of months later, I received a bill from a specialist who saw me during my stay. The bill for this mysterious encounter was $1,406! I called the doctor's office and got little help and no sympathy at all from the billing staff. I called my insurance company, and they handled it for me after a couple of attempts to reach the right person. Whew!

Last year I was sent to a new place for rehabilitation, and lo and behold, I learned that they were charging me for all kinds of services that I didn't receive. They weren't very happy when I brought it to their attention either. (Note to self: Need to find a new place!)

## Here are a few tips to help you save money on your share of medical costs:

**Check** with the pharmaceutical company if you have trouble paying for a brand-name medication. Many of them have assistance programs and you might qualify for help.

**Reduce** the duplication of tests. If you see multiple doctors, try to coordinate blood tests or bring the last report with you. The same goes for scans and x-rays.

**Check** whether the hospital or doctor you're using is in your insurer's network before you get any planned treatment.

**Always** review your bills and don't be afraid to ask for an itemized bill to make sure you aren't being billed for services you didn't receive. Read your Medicare "Explanation of Benefits" carefully.

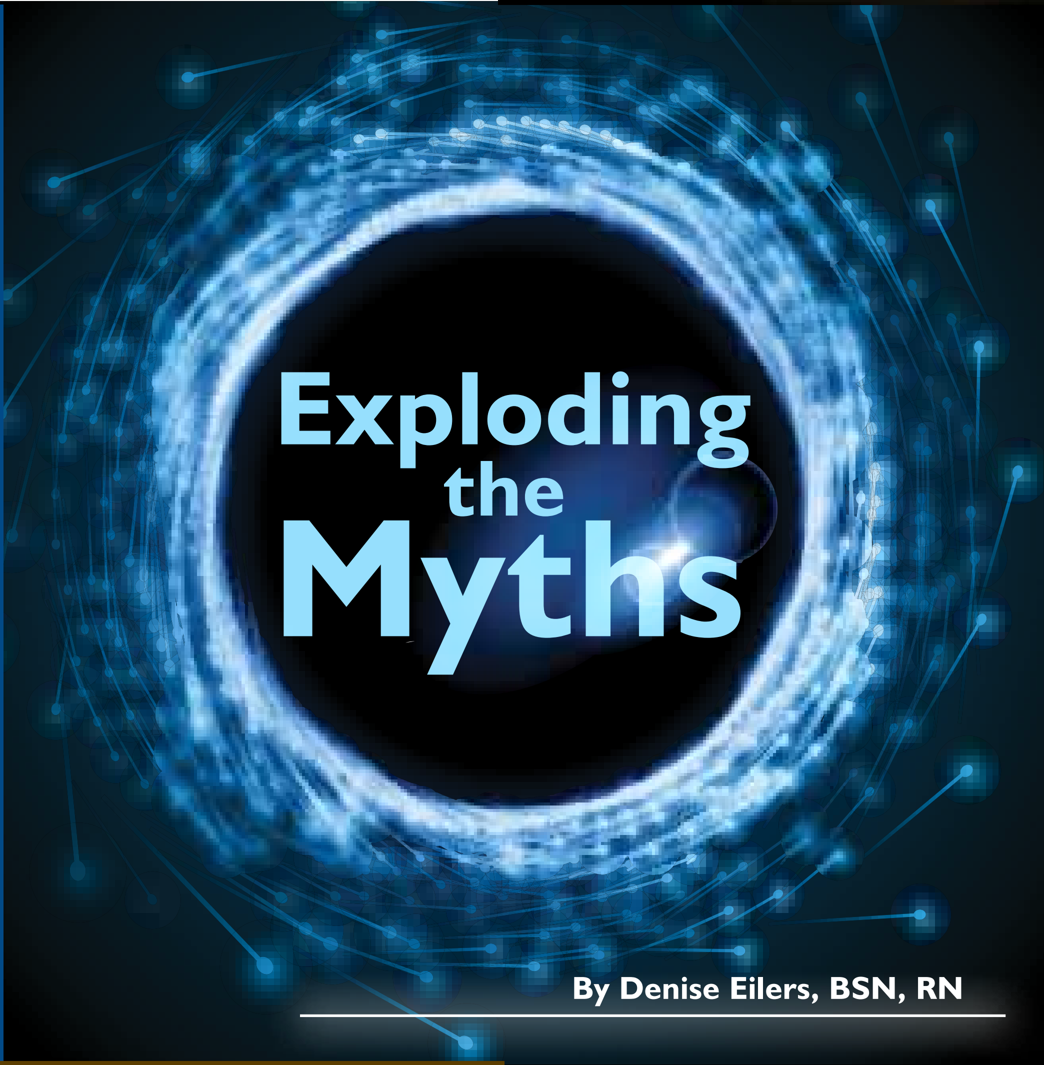
**Get** a flu shot and take advantage of any other preventive services offered.

**Do** your part by eating right, exercising, and staying away from someone who's sick. If you must see that person, wear a mask!

**Save** all of your medical bills for at least two years so you can refer to them as needed. Ask a friend or family member to help you sort through them. This could be a helpful lesson for them too. Paying your share of medical costs could deplete your account or even make a check bounce, but sometimes you have to do it if you don't want your new best friend to be a collection agency.

Lori Hartwell, founder & President of the Renal Support Network (RSN), was diagnosed with kidney disease at the age of two. In 1993 she founded RSN to instill "health, happiness and hope" into the lives of those affected by chronic kidney disease. Lori is also the author of the inspirational book "Chronically Happy: Joyful Living in Spite of Chronic Illness" and is a four-time kidney transplant recipient.

# Advance Care Planning



## Exploding the Myths

By Denise Eilers, BSN, RN

*People don't usually consider getting married, having a baby, or retiring without a detailed plan in place, yet many of us approach aging, illness, and death without having made even basic decisions—called advance care planning—ahead of time.*

*One reason is that there are so many misconceptions surrounding this highly charged issue.*

***So what are some of these myths, and what is the reality?***

**Myth:** Advance care planning just means filling out "those papers."

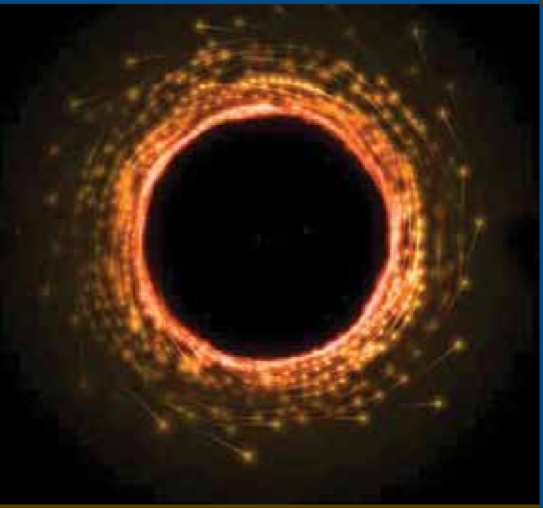
**Reality:** "Those papers," called advance directives, include a living will, which explains what treatment you want or don't want, and a durable power of attorney for health care, which designates someone else to make medical decisions in case you are unable to do so. In contrast, advance care planning is broader in scope and involves not only those legal documents, but also information on your life goals and values, your views on aging in place, any plans for long-term care, if needed, and your wishes for services and burial.

**Myth:** Once those advance directives are signed, they can't be changed.

**Reality:** Advance directives can be changed at any time; they should be reviewed regularly and updated whenever major life changes occur. A lawyer doesn't need to be involved either to execute initial directives or to revise them.

**Myth:** There's more talk lately about palliative care. That's just a nice term for hospice.

**Reality:** While it may precede a hospice referral, palliative care is a distinct specialty that treats the symptoms of serious illness regardless of the diagnosis and it is often provided together with treatment aimed at a cure.



**Myth:** Advance care planning is just for elderly or very ill people.

**Reality:** Tragedies happen to even young and healthy people, so every adult should have advance care planning in place. Family members and health care providers should be made aware of those plans.

**Myth:** There isn't a lot of helpful information out there about these issues.

**Reality:** Increased attention has been focused on making your wishes known ahead of time. Social workers can provide a wealth of information, as can the Coalition for Supportive Care of Kidney Patients at www.kidneyeol.org. This Website is helpful to both patients and professionals. Numerous links to other resources are provided as well.

*David Kuhl, in his book What Dying People Want, says that "we are afraid that talking about death beckons it." Nothing could be further from the truth. The reality is that advance care planning relieves stress on families, can prevent disagreements, informs the health care team of your wishes, and, most important, leads to peace of mind not only for you, but also for your loved ones.*

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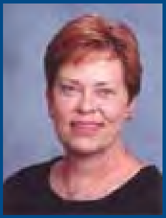


Denise Eilers teaches nursing and was her late husband's home hemodialysis care partner for 25 years. She is involved in several kidney organizations, both professional and patient focused.

## Essay Contest

RSN invites all people with kidney disease to enter its 12th Annual Patient Essay Contest!

This year's theme: *"Explain a choice you've made to improve your health and how it could benefit others".*

There will be prizes for First, Second and Third and the winning essays will be featured in Live & Give, and posted on www.RSNHope.org

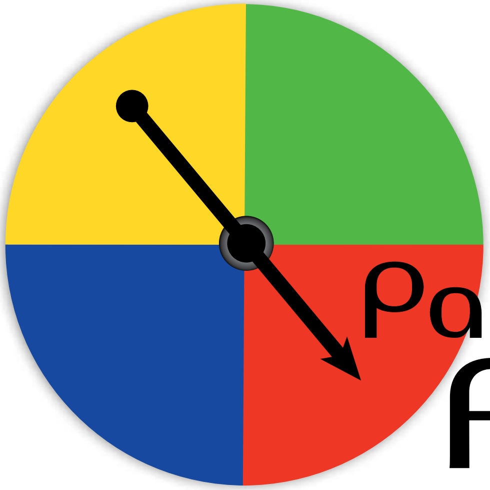
**Essay submission:**

Mail to: Essay Contest
Renal Support Network
1311 N. Maryland Ave.
Glendale, CA 91207

Fax: 818-244-9540

Email: essay@rsnhope.org.

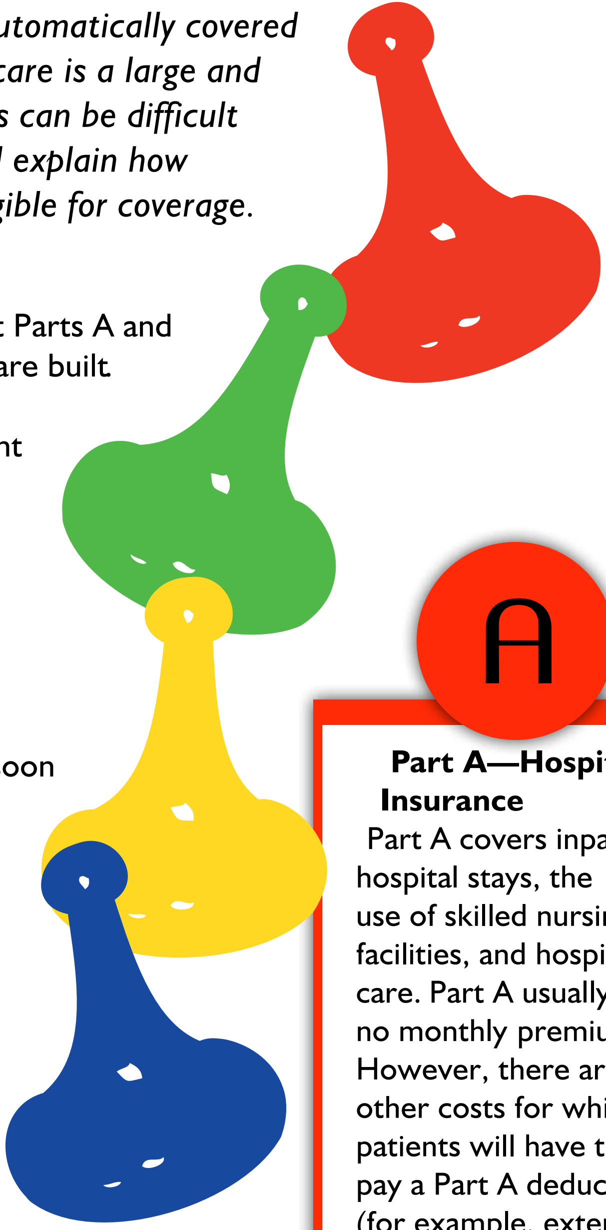
*Entries must be postmarked or received by August 1st, 2014.*



# MEDICARE Parts A through D: A Primer

By Mark Lukaszewski

*In 1972, Congress established insurance coverage under the auspices of Medicare for patients with end-stage renal disease (ESRD). Therefore, most patients requiring dialysis are automatically covered by the Medicare ESRD program. However, Medicare is a large and complex program, and understanding its nuances can be difficult for both patients and physicians. This article will explain how Medicare Parts A through D work and who is eligible for coverage.*



## Patients with Renal Failure

The first thing to understand about Medicare is that Parts A and B are the foundation upon which all other benefits are built

To qualify for the Medicare ESRD program, a patient must (1) have evidence of ESRD and be receiving current chronic treatment for the disease and (2) have a physician's signature on the Centers for Medicare & Medicaid Services Medical Evidence Report, commonly known as a 2728 Form.

## Medicare Parts A through D

Medicare coverage for renal disease is available as soon as the first month of treatment for chronic renal failure. The Medicare ESRD program provides lifetime coverage for patients over the age of 65 and for patients on dialysis. Note the key words "on dialysis." Immunosuppression medications for patients who receive a kidney transplant are covered only for a period of three years.

Mark Lukaszewski is a Policy Assistant for the American Society of Nephrology.

A

**Part A—Hospital Insurance**

Part A covers inpatient hospital stays, the use of skilled nursing facilities, and hospice care. Part A usually has no monthly premium. However, there are other costs for which patients will have to pay a Part A deductible (for example, extended in-hospital stays).

B

***Part B—Medical Insurance***

A patient who has joined Part A can choose to switch to Part B as well. [Part B covers things like outpatient dialysis and laboratory services. However, Part B coverage is unlike Part A in that most beneficiaries pay a monthly premium and have an annual deductible ($104.90 and $147, respectively, in 2014).

Part B pays providers 80% of the allowed charge. This is important since there's no limit on how much a patient's cost for coverage can be. Unlike most private health insurance plans, Medicare Part B plans don't have an annual out-of-pocket maximum, meaning that a patient is financially responsible for every service that isn't 100% covered.

For kidney transplant recipients, Part B covers immunosuppression medications if the patient's transplant was covered under Medicare.

C

**Part C—Medicare Advantage Plans**

Part C allows private health insurance companies—such as HMOs [Health Maintenance Organizations] and PPOs [Preferred Provider Organizations]—to provide Medicare benefits, which are more commonly known as Medicare Advantage (MA) plans. Patients who join an MA plan must continue to pay their Part B premium, as well as the MA premium. Patients who already have ESRD aren't allowed to enroll in most MA plans.

***Should you Pick Part B or Part D?***

*Regardless of whether a transplant recipient has original Medicare or an MA-PD plan, immunosuppression drugs are paid as a Part B benefit if the patient was enrolled in Medicare Part A.*

*Even with Medicare Parts A through D, many beneficiaries will face serious financial trouble and will need supplemental insurance to help to pay their medical bills.*

D

**Part D—Outpatient Prescription Drug Insurance**

Part D, Medicare's prescription drug benefit, is also privately administered and includes both stand-alone prescription drug plans (PDPs) and MA plans with drug coverage (MA-PD plans). Benefits differ from plan to plan and from state to state. PDPs must accept any applicant during legitimate enrollment periods, whereas MA-PD plans can choose those whom they want to enroll. While patients with ESRD are excluded from joining MA-PD plans, they can remain in the plan as long as their ESRD develops after enrollment

Both PDPs and MA-PD plans determine their premiums, their formulary (the drugs that will be covered), and the cost to the beneficiary. Many plans have deductibles, and some cover generics during the infamous "doughnut hole," or coverage gap, period.

# Spicing up the Renal Diet

## Tips & Tricks

By Sara Colman Carlson, RD, CDE

*We eat for enjoyment first, then hunger or habit. A kidney diet seems lacking in flavor because of restrictions on salt, soy sauce, and high-sodium foods; cheese and other foods high in phosphorus; and tomato sauce and high-potassium foods. The best solution is to spice up your renal diet to bring back flavor and enjoyment.*

*Experiment with herbs and spices to replace salt. Add a single spice or combine several herbs and spices to add flavor. You can also purchase salt-free blends to take the guesswork out of combining seasonings. Some of the popular brands include Mrs. Dash® seasoning blends, Lawry's® Salt-Free 17 Seasoning, Chef Paul Prudhomme's Magic Salt-free Seasoning®, and Bragg® Organic Sprinkle 24 Herbs & Spices Seasoning. Always check the ingredients and avoid blends with salt or potassium chloride.*

### Rubs and Dips

- Try rubbing a mixture of spices onto chicken, pork chops, steak, or lamb chops before baking, barbecuing, or frying.
- Add salt-free seasoning blends to salads, pasta, cooked grains, and vegetables.
- Combine spice blends with cream cheese or soft butter for a flavorful spread or with sour cream for a dip or topping.

### Herbs

Chop fresh herbs such as basil, rosemary, cilantro, dill, parsley, tarragon, thyme, or mint and add them at the end of cooking or just before serving. These herbs are available in dried form (ground or whole leaves) for year-round use.

- Add chopped mint leaves to fruit salad.
- Add chopped parsley or cilantro to lettuce salad.
- Top pasta dishes with chopped basil or rosemary.
- Mix chopped parsley or dill with steamed rice or cooked vegetables.

### Salad Dressing

Substitute infused oils and vinegars in homemade salad dressings and marinades.

- Use olive oil infused with lemon, garlic, peppers, or herbs such as basil, oregano, or rosemary. Try balsamic, red wine, cider, or tarragon vinegar instead of white vinegar. Find a specialty or grocery store that offers a wide variety of infused oils and vinegars and buy some.
- Put vinaigrette dressing on cooked vegetables, pasta salad, or coleslaw, or use it to marinate raw vegetables.
- Add a simple squeeze of lemon or lime juice; pure citrus oil from lemons, limes, or oranges; or zest from fresh citrus fruit to impart zing to almost any dish.

### Some like it Hot

Spice up a dish with hot spices or sauces. Even if you don't like spicy foods, try adding only a drop or a sprinkle.

- Add hot sauce to eggs, casseroles, or stir-fry dishes.
- Add cayenne pepper or ground dried chiles to low-sodium chili, soup, or stew.
- Sprinkle dried chili flakes on just about any food at the table.
- Remember that Tabasco® Original Red Sauce has a very low sodium content Also, although the popular Sriracha® hot chile sauce contains 100 mg of sodium per teaspoon, it's acceptable because most people use much less. Always check the label since the sodium content in other brands can be quite high.

## Fruits & Vegetables

Use fruits and vegetables as flavoring agents.

- Serve fruit sauces like applesauce, raspberry sauce, or cranberry sauce with meat or poultry.
- Use marmalade, jam, or jelly to make a glaze for meats and vegetables such as carrots, celery, turnips, or beets.
- Prepare mirepoix (meer-pwah), a mixture of chopped vegetables roasted or sautéed in butter or olive oil and add it to meat, poultry, stews, and sauces. The two most popular mixtures contain onions, celery, and bell pepper (the mainstay of Cajun cooking) and celery, onions, and carrots. You can add garlic, shallots, leeks, or parsley for even more flavor.

*A renal diet doesn't have to mean boring food. Use these tips and tricks to spice up your meals and enjoy all the flavor of eating right.*

Sara Colman Carlson has over 20 years experience working in dialysis in Southern California, and has been a DaVita dietitian since the beginning. Her love for the renal area led her to a full time dialysis career. Sara has a passion for food and cooking, and is co-author of "Cooking for David: A Culinary Dialysis Cookbook". Sara is currently Manager of DaVita.com Nutrition.

# Kidney Friendly Summertime Dinner

## Tasty Beef Ribs

Makes about 8 ribs.

### Ingredients

4 pounds large beef ribs
1/4 cup pineapple juice
1 tablespoon paprika
2 teaspoons chili powder
1/4 teaspoon mustard powder
1/2 teaspoon garlic powder
1/8 teaspoon red pepper

### Directions

1. Place single layer of ribs, meaty side down on racks in two shallow roasting pans. Roast in a 450 F degree oven for 30 minutes. Drain.
2. Brush ribs with pineapple juice.
3. Mix together remaining ingredients. Sprinkle evenly on all sides of ribs.
4. Reduce oven to 350 F degrees. Roast ribs with meaty side up for another 45-60 minutes.

*Nutrient Information*
*Approximate analysis per rib:*
*Calories: 187 kcals*
*Sodium: 41 mg*
*Protein: 19 g*
*Potassium: 233 mg*
*Fat: 11 g*
*Calcium: 11 mg*
*Carbohydrates: 2 g*
*Phosphorus: 149 mg*
*Fiber: 0 g*
*Cholesterol: 56 mg*

*Disclaimer*
*Due to variations in ingredients, the nutritional analyses should be used as a guideline only. A renal dietitian reviews all recipes, but we cannot assure that all values are accurate. Remember to consult a renal care provider with respect to any specific questions or concerns you may have regarding proper renal nutrition or before making any changes in your renal diet.*

## Pineapple Coleslaw

Servings: 4

### Ingredients

2 cups shredded cabbage
1 (8 oz) can crushed unsweetened pineapple, drained
1/4 cup chopped onion
1/4 cup Miracle Whip
Dash of pepper (optional)

### Directions

1. Mix all ingredients together.
2. Chill at least 1 hour before serving.

*Nutrient Information*
*Approximate analysis per serving:*
*Calories: 72 kcals*
*Sodium: 137 mg*
*Protein: 1 g*
*Potassium: 153 mg*
*Fat: 3 g*
*Calcium: 22 mg*
*Carbohydrates: 11 g*
*Phosphorus: 15 mg*
*Fiber: 1 g*
*Cholesterol: 2 mg*

## Very Berry Freezer Pops

Makes 12 pops

### Ingredients

1 small strawberry sugar-free Jello mix
1 ¼ cups boiling water
½ cup granulated Splenda
¼ low fat liquid Coffeemate
¾ cup frozen blueberries (do not thaw)
1 cup frozen strawberries (do not thaw)

*Recipes continued on page 11*

# Success with Kidney Transplantation

By Rafael Villicana, MD

*You've worked hard to get your kidney transplant and now you wonder what's next. How long does a transplant normally last? How do you maintain it?*

*As we all know, the waiting list for a transplant has increased dramatically over the years; the severe shortage of organs continues and means that the wait is very long. If you have someone willing to donate a kidney to you, then the wait is minimized.*

*Once you receive your transplant, you can expect to enjoy that organ for some time if you take care of it. National statistics suggest that the success rate within the first year after transplantation is over 90%.*

*There are multiple approaches to improving the chances of having a successful transplant.*

*Most important, taking your antirejection medications as directed by your transplant center is critical. These medications keep your immune system from attacking your new kidney. If not enough medication is circulating in your system, your transplant could fail. Unfortunately, these medications have various side effects, so you'll need to let your transplant team know if they become an issue. Sometimes there are alternative medications or dosing strategies that can help alleviate these side effects.*

*Pharmacy or insurance issues can arise as well. If you find yourself in this situation, it's best to alert your transplant team so they can troubleshoot and help you continue to receive your medications on schedule.*

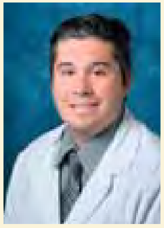
*Although antirejection medications are essential to maintaining your transplant, other factors play an important role too. Keeping your appointments with your medical team is also crucial. You might feel great and want to skip a visit or laboratory tests. Some of the early signs of a kidney problem are silent, however, so constant monitoring is necessary.*

*It might sound like a cliché, but diet and exercise are key components to maintaining the health of your transplant. Weight gain caused by various factors such as medications and an improved appetite is very common in the first year after transplantation. Although there might be restrictions on exercise immediately after you receive your transplant, light exercise is usually encouraged. It's important to check with your team before embarking on a more vigorous exercise program, however.*

*Perhaps you already have diabetes or else you developed it after the transplant because of the side effects of your medications. If that's the case, close monitoring and control are critical. Poor diabetic control poses a very high risk to the viability of your transplant and is just as harmful as acute rejection.*

*If your blood pressure is elevated after transplantation (this is very common), you should take your blood pressure medications regularly and follow a low-salt diet. A nutritionist is a valuable resource for information, and your transplant team might have one available for consultation.*

*In summary, there are many ways to improve your odds of maintaining a successful kidney transplant. The key is to be aware of and informed about the many factors that contribute to success.*



Rafael Villicana, MD is the Associate Director of Kidney Transplantation at the Comprehensive Transplant Center, at Cedars-Sinai Medical Center, Los Angeles, CA.

## Kidney Friendly Summertime Dinner

*Continued from page 9*

### Directions

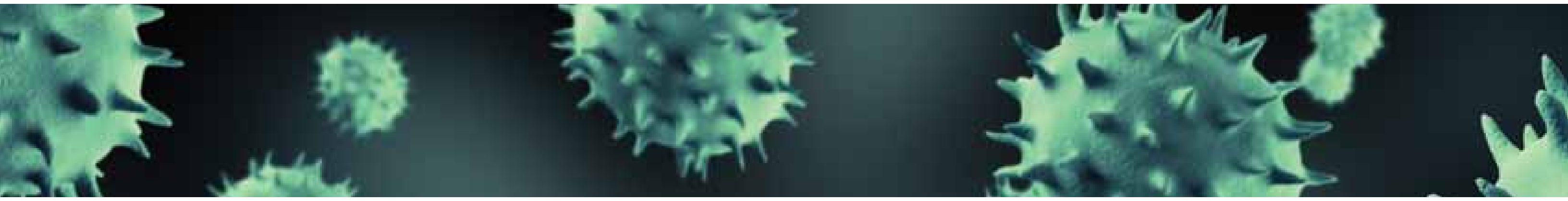
Heat water in microwave until boiling (4-5 minutes).
Add gelatin and stir until dissolved.
Cool slightly and stir in Splenda, then Coffeemate.
Let cool 15 minutes and pour into a blender container.
Add blueberries and puree on high speed until smooth.
Break any large chunks of strawberries into smaller pieces and add to blender.
Puree until smooth.
Using a cup or funnel, fill molds, insert sticks, and freeze until solid.
If popsicle molds aren't available, use wax coated Dixie cups, cover tops with foil or plastic wrap, insert wooden sticks or plastic spoon and freeze.

*Nutrients*
*Calories: 21.78 kcal*
*Protein: 0.62g*
*Carbohydrates: 4.59g*
*Dietary Fiber: 0.60 g*
*Fat: 0.26g*
*Water: 55.11g*
*Calcium: 4.31 mg*
*Phosphorus: 18mg*
*Potassium: 41.49mg*
*Sodium: 5.58mg*

*At RSNhope.org, we've compiled a list of recipes over the years that we find are tasty, but also kidney-friendly. At the bottom of each recipe you will find nutritional guidelines to help you stay in line with your personal needs. Every person is different and each meal may need adjusting depending on your situation, so please be sure to check with your dietitian or medical team if you're not sure about a recipe.*

## A Shot Worth Getting

*Continued from page 1*



After I slowly made my way through the double doors to get my vitals checked, I heard a familiar voice calling my name. I didn't recognize the face, but quickly realized that the nurse who'd walked up was a childhood friend! Despite the circumstances, our joyful reunion decreased my anxiety level.

Unfortunately, my relief was short-lived. The doctor entered the room, took my history, and informed me that I had to be admitted. He told me that it was critical to work quickly. The first test he suggested was a lumbar puncture! My history and the severe headache I was experiencing demanded that he rule out meningitis. I believe that there is one moment when patients decide whether or not a doctor can be trusted with their life—this was it. As I suggested other conditions and treatments, the look on his face said it all.

During the three hours I lay flat on my back recovering from the lumbar puncture, a long cotton swab made an uncomfortable journey down my nose to test for the flu. My headache was worse, my entire body ached, and I did my best to avoid coughing because it was so painful. At this point, my holiday cheer seemed like a distant memory.

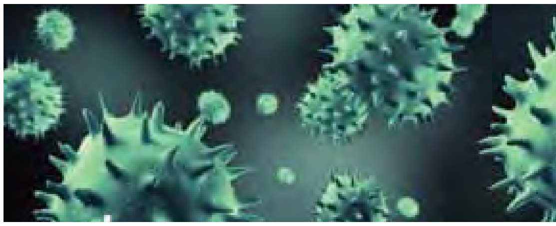
When the doctor came back, he said, "Wendy, you have the flu." I protested that I'd had my flu shot, but I soon learned that the flu is a formidable foe. I barely remember being transported from the emergency room to my hospital bed, but I'll never forget that in a few hours I was almost helpless. Several specialists examined me and devised a treatment plan to keep my lupus from flaring and to protect my transplant. They would stop all of my usual medications for one day and bombard me with heavy doses of other medications to help me fight Influenza A, the flu strain I'd contracted.

> "there is one moment when patients decide whether or not a doctor can be trusted with their life"

By nightfall, my symptoms had worsened. I had a cough that felt like fire, a fever of 103 degrees, an elevated heart rate, and pain that was off the charts. I could barely walk, and I was almost incoherent. As I was being treated, I finally escaped into sleep, hoping to wake up feeling better.

That was the worst night of the three I spent in the hospital. Various specialists treated me and followed up, and I gradually got better. I was finally told that I could go home, but my last conversation with the doctor shocked me. I discovered that the unknown illnesses reported on the news were cases of the flu. Patients with the flu were in the intensive care unit fighting for their lives! I was profoundly grateful that I wasn't one of them. The doctor said, "Because you had a flu shot, you had a first line of defense. It helped save your life." My advice: Get your flu shot!

Wendy Rodgers is an educator, who in 2009, received a kidney transplant after a nine year wait on dialysis. She has expanded her expertise into advocacy for increased awareness and better health policy for the renal community. Wendy also served as a national spokesperson for lupus and currently resides in Southern California.



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## Take charge of your diet with DaVita Diet Helper™.

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- Keep track of daily nutrition targets, including protein, potassium, phosphorus and sodium.
- Easily track nutrients on your phone, tablet or computer.

### Meal Planner

- Use DaVita-suggested meals to meet your daily nutrition targets.
- Add, substitute or delete foods to customize menus.

### Shopping List

- View Shopping Lists for pre-planned menus' ingredients.
- Print the Shopping List or view it on a mobile phone.

### My Creations

- Create meals from the food and recipe database.
- Add favorite food items and recipes to a personal database.

### My Favorites

- Mark favorite recipes and foods for easy planning and tracking.
- Add notes, read reviews and print favorite recipes.

### Recipe Search

- Search for recipes by name, ingredient or type of food.
- Choose from more than 1,000 recipes, plus ones you added in the My Recipe Creations section.

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Renal Support Network relies on **charitable contributions** to provide **hope** to people with **kidney disease.** We appreciate your help!

**Method of Payment for contributions:**
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(payable to Renal Support Network)
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Donation charge to card $________________ Billing Zip ______________
Card#: _______________________________________________________
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☐ **Yes!** I would like to receive a free subscription to the *Live&Give* newsletter
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**Please check all that apply:**
☐ Patient: ☐ Transplant ☐ PD ☐ Hemo
☐ Family Member ☐ Administrator ☐ Physician ☐ Nurse
☐ Dietitian ☐ Social Worker ☐ Technician ☐ Company Rep ☐ Other

Cut form on dotted line at right and mail or fax to Renal Support Network.

All Donations are tax-deductible. Thank You!

## DONATE ONLINE

Go to RSNhope.org
Click on Contribute

Donate by phone: 866-903-1728
Fax: 818-244-9540

## MAIL CHECKS TO:

Renal Support Network
1311 N. Maryland Ave.
Glendale, CA 91207

*RSN accepts all major credit cards*
*Gifts are tax-deductible*

# Live & Give

## EDITORIAL TEAM

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866-903-1728 Toll Free
818-543-0896 Local
9 AM–6 PM Pacific Time
Monday–Friday

*If you have a change of address*
*or other information,*
*please contact us.*

## LIVE & GIVE ONLINE

Current issue, printable version, articles, and archives can be found at:
www.RSNhope.org

## MISSION

The Renal Support Network is a patient-run nonprofit organization whose mission is to identify and meet the non-medical needs of those affected by chronic kidney disease.

EIN#95-4672679

Visit RSNhope.org
Sign up to receive
RSN's e-newsletter
or to get *Live&Give*
at your home

Connect with RSN
Tell us your story of hope!

**Like us on Facebook**
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## What is RSN?

Renal Support Network (RSN) is a nonprofit, patient-focused, patient-run organization that provides non-medical services to those affected by chronic kidney disease (CKD). Through a variety of programs RSN strives to help patients develop their personal coping skills, special talents, and employability by educating and empowering them (and their family members) to take control of the course and management of the disease.

## HopeLine

If you have questions relating to chronic kidney disease call (800)579-1970 toll-free 10:00am to 6:00pm and connect with someone who can offer EXPERIENCE, STRENGTH and HOPE.

**Are you concerned about policies and news affecting people with kidney disease?**

Become an

## EDUCATED ADVOCATE

Join Renal Support Network's weKAN Program

weKAN promotes self-advocacy and self-determination by showing patients how to become actively involved in medical, regulatory, and legislative decisions affecting their lives.

**For more information e-mail wekan@rsnhope.org or call 866-903-1728**

KidneySpace.com

***Where the Kidney Community Connects***

Got Questions?
Need someone to talk to?
Log on and join the conversation!

Kidneyspace.com is a program of RSN

## What did you learn from this issue of Live&Give?

**Take our Quiz and find out.**

*Send us your completed quiz to be entered into our prize drawing.*

1. What is one of the popular brands of salt-free seasonings?
2. If your blood pressure is high what two things do you need to do?
3. What letter of Medicare is Managed Care?
4. What type of influenza did Wendy have?
5. If you have trouble paying for a brand medication what can you do?
6. Once you sign Advance Directives can they be changed?
7. What year did Congress establish Medicare coverage for people with kidney failure?
8. What hot sauce has low sodium?
9. What is the success rate of transplantation at one year?
10. What is the deadline for submitting an essay for the Essay Contest?

**Quiz winners from last issue.**

Christine Clark, CA, J. Coleman, MD, Julie Goldbeck, WA, Fay Hamholm, NV, Mike Hickman, WV, Frank Townsley, KS, Sally Walker, FL, Betty Watson, WI, Lori Wegrzyn, NM, Diann Shaw, LA

**Send your responses to RSN** (mail, fax or email) by September 1, 2014 to participate in a drawing for a $25 American Express Card. Four winners will be chosen and announced in the next issue. See RSN address on page 14.

Renal
Support
Network
RSNhope.org
Service to those affected by chronic kidney disease
1311 N. Maryland Ave.
Glendale, CA 91207

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# Kidney Talk

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Informative. Inspirational. Entertaining.

Tune in for free to RSN's online bi-weekly podcast talk show on iTunes or RSNhope.org

iTunes: Enter "KidneyTalk" into the search tool at the iTunes store to access or download any show 24 hours a day.

RSNHope.org: Enter the Web ID listed below in the search box in the right hand corner located on RSNhope.org to stream.

*Are you a Stoner? Kidney Stones Explained* Web ID: 924

*Hypertension: A Silent Killer* Web ID: 920

*Adventure Hunters: Dialyzing in the Grand Canyon* Web ID: 915

*A Personal Renal Chef for the Weekend* Web ID: 926

*Vegetarian Strategies for Dialysis Patients* Web ID: 475

*Taking Care of Aging Loved Ones* Web ID: 837

*Starting a Support Group* Web ID: 443

*Sit, Fit for Life* Web ID: 585