Cramps

1. Frequently assess dry weight to prevent getting patients below estimated dry weight. Encourage patients to adhere to fluid restrictions and prevent large intradialytic fluid gains.

2. To abort a cramp during dialysis administer hypertonic (23.4%) saline 5-20 ml. over 3-5 minutes. Hypertonic (50%) glucose 50 ml. may be preferred in nondiabetics since it will not cause post dialysis thirst.

3. Stretching of the muscle through dorsiflexion of the foot, either manually or by standing, may help relieve the cramps. Application of heat to the muscle group can also help.

4. Use of dialysate with appropriate sodium and potassium levels will help in the prevention of cramps. Sodium modeling, starting with high dialysate sodium (150-155), then a programmed linear or step decrease to 135-140 at the end of the treatment, can accomplish this without post dialysis thirst.

5. To prevent cramps quinine 260-325 mg. p.o. given prior to symptoms such as before dialysis or sleep can be given, not to exceed 3 doses per day.

6. If quinine is ineffective vitamin E 400 IU p.o. per day or serax 5-10 mg 2 hours before dialysis should be tried.

7. If cramping continues add carnitine 1000-2000 mg. IV during dialysis for a 3 month trial.

References (Cramps)


