

N13 — Nutrition at the Chair

FRONT

Spot wasting early, feed safely, reinforce the diet plan, and get fish oil right.

When: every weigh-in, snacks and meal trays, diet questions, and the monthly lab review.

Do this

1. **Weigh accurately** before and after every treatment. A patient who repeatedly finishes **below** target is losing tissue — report it before fluid replaces lost flesh [11].
2. **Ask weekly:** appetite? eating on dialysis days? nausea, trouble chewing or swallowing, mouth pain? groceries? Document it for the dietitian [9].
3. **Eating on treatment — stable patients only:** a small, protein-focused snack **early in the run** (timing per your unit protocol), upright and fully awake, away from lines and access [5].
4. **Patients whose BP drops on treatment:** eat before arrival or after treatment — **not on the machine** [4]. See [N5: Intradialytic Hypotension: Chair-Side Response](#).
5. **Reinforce the dietitian's plan:** protein at every meal; less salt to control thirst; avoid foods with “PHOS” in the ingredient list; don't cut out fruits and vegetables without the dietitian [9].
6. **Fish oil** (product per your unit protocol): confirm it is on the medication list and ask how many capsules a day. Dose by the **EPA + DHA** on the label — about 2.4 g/day is the PISCES dose [6].

Call the nephrologist (and tell the dietitian) when

- Unintentional weight loss of 5% over 3 months or 10% over 6 months, or the post-weight keeps landing below target [11].
- Albumin falls below 3.5 g/dL or drops noticeably from the patient's usual — **think infection or inflammation first, intake second** [3].
- Eating poorly for more than 2 weeks, trouble swallowing, or mouth pain; or signs of infection (fever, exit-site redness, old-graft tenderness, foot wounds).
- nPCR below 0.8 g/kg/day, or phosphorus, potassium, or BUN suddenly “better” — the patient may have stopped eating [10].
- Symptomatic low BP after eating on the machine [4].
- **On fish oil:** black stools, needle-site bleeding that won't stop, new palpitations or an irregular pulse, or a newly found fish or shellfish allergy [12].

Don't

- Don't treat a low albumin as only a diet problem [3].
- Don't feed a patient who is dropping BP, drowsy, or struggling to swallow [4,5].
- Don't tell patients to eat less protein to control phosphorus — binders and additive avoidance do that, and low protein intake is associated with death on dialysis [9,10].
- Don't remove fruits and vegetables from the diet without the dietitian.
- Don't count “fish oil 1,000 mg” as the dose; count EPA plus DHA [6].
- Don't expect fish oil to raise albumin; it is for cardiovascular protection [7,8].

Why

1. Protein-energy wasting affects 28% to 54% of dialysis patients across studies [1], and malnutrition raises the risk of death about 1.5-fold on hemodialysis [2].
2. Albumin tracks inflammation: blocking IL-6 raised albumin 0.21–0.28 g/dL in 12 weeks with no change in food [3].
3. Eating on the machine is a trade: it caused 13 versus 2 symptomatic low-BP episodes in a small study [4], yet experts support it for patients without contraindications [5].
4. In PISCES, fish oil cut serious cardiovascular events from 33.7% to 20.8% of patients over about 2 years, with less serious bleeding (4.8% vs 7.6%); survival did not change [6].
5. Fish oil does not meaningfully raise albumin: 14 pooled trials showed no change (0.00 g/dL) [7], and the only trial sized for albumin found +0.1 versus 0.0 g/dL ($P = 0.295$) [8].

Go deeper

- Mastery page: [Nutrition and Protein-Energy Wasting on Hemodialysis](#)
- Mastery page: [Inflammation and Fish Oil \(PISCES\) in Hemodialysis](#)
- [All dialysis nursing reference cards](#)

References

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