

N3 — Dry Weight Assessment Checklist

FRONT

A structured look at volume status, done the same way every time, so the target weight is set on evidence rather than one reading.

When: before each treatment; the full checklist at least monthly and after any hospitalization.

Do this

1. Compare today's pre-weight and the last 2–4 post-weights with the target. Count treatments that finished more than 1 kg above target [2].
2. Calculate interdialytic weight gain (IDWG) in kg and as a percentage of target weight [3].
3. **Ask:** breathless lying flat? swelling? cramps, dizziness, or needing to lie down after dialysis? hours to recover after treatment? urine per day — any change?
4. **Examine:** edema, neck veins, lung bases.
5. **Check BP** lying or sitting and standing, before and after treatment; review the home BP log if the patient keeps one.
6. Review the last month: lowest systolic BP (SBP) each session, saline given, early terminations.
7. Note anything that changes flesh weight: recent admission, poor appetite, new supplements, amputation.
8. Record on the unit's standard form — the same way, every time [4].
9. **When a dry-weight probe is ordered:** use your unit protocol's step size (the DRIP trial used 0.1 kg per 10 kg of body weight per session, halved if not tolerated) [6]. Back off for cramps, saline need, symptomatic hypotension, or nadir SBP below 90.

Call the nephrologist when

- Post-weight is more than 1 kg above target in 3 or more of the last 10 treatments [2].
- IDWG is 4% or more of body weight repeatedly [3], or there is new orthopnea, crackles, or rising edema.
- Cramps, saline, or nadir SBP below 90 in 2 or more sessions in a week.
- Urine output has dropped, or IDWG has fallen sharply with poor intake or weight loss.
- The patient was just discharged from hospital.

Don't

- Don't lower a target weight because of one high pre-dialysis BP [5].
- Don't rely on lung sounds or edema alone to call someone "dry" [1].
- Don't change the target without a nephrologist order.

Why

1. Crackles and edema miss most of the lung congestion found by ultrasound (agreement κ 0.00–0.16) [1].
2. Finishing more than 1 kg above target in 30% or more of treatments raised the 30-day risk of emergency visits and hospitalization [2].
3. Relative IDWG of 4% or more was linked to fluid-overload hospitalization; 5.7% or more was linked to higher mortality [3].
4. Units with a written schedule for reassessing dry weight had lower mortality (HR 0.78) [4].
5. BP falls weeks after dry weight is corrected, so today's BP cannot judge the target [5,6].

Go deeper

- Mastery page: [Estimating dry weight: assessment, tools, probing](#)
- [All dialysis nursing reference cards](#)

References

1. Torino C, et al. The agreement between auscultation and lung ultrasound in hemodialysis patients: the LUST study. *Clin J Am Soc Nephrol*. 2016;11:2005-2011. <https://pubmed.ncbi.nlm.nih.gov/27660305/>
2. Assimon MM, et al. Failed target weight achievement associates with short-term hospital encounters among individuals receiving maintenance hemodialysis. *J Am Soc Nephrol*. 2018;29:2178-2188. <https://pubmed.ncbi.nlm.nih.gov/29793962/>
3. Wong MM, et al. Interdialytic weight gain: trends, predictors, and associated outcomes in DOPPS. *Am J Kidney Dis*. 2017;69:367-379. <https://pubmed.ncbi.nlm.nih.gov/27866963/>
4. Dasgupta I, et al. Associations between hemodialysis facility practices to manage fluid volume and intradialytic hypotension and patient outcomes. *Clin J Am Soc Nephrol*. 2019;14:385-393. <https://pubmed.ncbi.nlm.nih.gov/30723164/>
5. Charra B, et al. Blood pressure control in dialysis patients: importance of the lag phenomenon. *Am J Kidney Dis*. 1998;32:720-724. <https://pubmed.ncbi.nlm.nih.gov/9820439/>
6. Agarwal R, et al. Dry-weight reduction in hypertensive hemodialysis patients (DRIP): a randomized, controlled trial. *Hypertension*. 2009;53:500-507. <https://pubmed.ncbi.nlm.nih.gov/19153263/>

Reviewed by Andrew Bland, MD, FACP, FAAP · v1.0 draft 2026-09-26 · Medical Associates Dept of Nephrology.