Supplemental Table 1. Shared Decision-Making: Patient Decision Aids and Professional Training Resources		
Patient Facing Resources		
Decision Aid	Strength(s)	Link
Decision Aid for Renal Therapy (DART) (USA)	• Interactive videos. • Produces a printout.	https://patient.health-ce.wolterskluwer.com/DART/programs (password: TEST)
My Kidneys, My Choice (Australia)	• Prioritizes lifestyle values. • Uses open-ended questions.	My Kidneys My Choice | Kidney Health Australia (https://kidney.org.au/)
Yorkshire Dialysis Decision Aid YoDDA (United Kingdom	• Provides an overview of all kidney failure treatments, but with a focus on dialysis modalities. • Downloadable PDF.	YoDDA Research Study (www.yodda.leeds.ac.uk/Survey/Information)
Yorkshire Dialysis and Conservative Care Decision Aid YoDCA (United Kingdom)	• Compares dialysis and conservative management. • Downloadable PDF.	https://www.kidneyresearchyorkshire.org.uk/yorkshire-dialysis-and-conservative-care-decision-aid/
My Life, My Choice (Medical Education Institute) (USA)	• Offered in English and Spanish. • Examines patient values. • Interactive and online.	https://mykidneylifeplan.org/#eyy
Best Case/Worst Case Nephrology (The Patient Preferences Project) (USA)	• Uses narrative and hand-written graphic aid to illustrate a choice between treatments and engage patients. • Online videos to guide use.	https://patientpreferences.org/bcwc-nephrology/
Conservative Kidney Management Patient Decision Aid (Canada)	• Patient facing health care professional support • Downloadable PDF	Conservative Kidney Management https://www.ckmcare.com/?HomePage=YES
A Guide to Conservative Kidney Management (USA)	• Provides quotations from patients and caregivers about their perspectives on conservative management • Downloadable PDF	https://www.ajkd.org/article/S0272-6386(23)00065-3/fulltext
Professional Resources		
NephroTALK	• Online curriculum developed to build skills in conservative care without dialysis and help patients decide if this treatment plan is right for them. • Includes skill-building worksheet comprised of	http://nephro-talk.com/

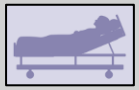
	questions and exercises that are presented throughout the four modules.	
VitalTalk	• Courses (online or in person) to train clinicians to have better, more meaningful conversations with patients and families—especially during serious illness. • Frames communication as a structured, learnable, and teachable process to help clinicians build confidence and competence. • Goal is to help improve decisions, reduce stress, and put patient values at the center of care.	Home - VitalTalk

Serious Illness Conversation Guide	• Inclusive and accessible for diverse patients with serious illness and their important people.
	• Improved (in 2023) to make the tone of the Guide more conversational and emotionally safe.
	• Uses:
	  ○ Talk to patients about their goals and values
	  ○ Set up the conversation
	  ○ Assess the patient's illness understanding and information preferences
	  ○ Share prognosis
	  ○ Explore key topics
	  ○ Close and document the conversation
		Serious-Illness-Conversation-Guide.2023-05-18.pdf

REMAP Framework	• REMAP: Reframe, Expect emotion, Map out patient goals, Align with goals, and Propose a plan • Structured approach designed to facilitate effective goals of care conversations between clinicians and patient,	https://www.ethics.va.gov/goalsofcaretraining/REMAP.pdf Comm-Childers-REMAP-JOncPractice-2017.pdf
Coalition for Supportive Care of Kidney Patients	• Evidence Based Tools and resources for clinicians and patients	Coalition for Supportive Care of Kidney Patients | The George Washington University

Supplemental Table 2. Mortality and Disease Progression Calculators			
Name	website	Pros	Cons
Kidney Failure Risk Equation	https://www.kidneyfailurerisk.com/	• Easy to use • Easy to read • Validated • Companion guide	• Progression to kidney failure, not life expectancy on dialysis or conservative management
Charlson Comorbidity Index	https://www.mdcalc.com/calc/3917/charlson-comorbidity-index-cci	• Easy to use • Mortality risk	• Not specific to CKD/ESKD
iChoose Kidney	https://ichoosekidney.emory.edu/	• Developed in US and validated • Easy to Use • Visual • 1 and 3 year mortality	• Risk specific to dialysis vs transplant; no conservative management
Australian-modified Karnofsky Performance Scale	https://link.springer.com/article/10.1186/1472-684X-4-7	• 1-year mortality in incident patients on dialysis	
6-month clinical prognostic score	https://pmc.ncbi.nlm.nih.gov/articles/PMC3094349/	• 6-month risk of death and death from dialysis withdrawal in incident patients on dialysis aged 75+years	• Developed and validated in French population

Supplemental Table 3. Conservative management in practice					
Trajectory (approximate time from death)	**Patient Condition**	**Medical Information**	**Conservative Management Pathway**		
			Customized CKD Care	**Symptom Management**	**Transition Navigation**
Stable or slowly declining (months-years) 	Able to care for most needs independently	A 78-year-old man with an eGFR 13 ml/min/1.73 m^2) and moderate dementia. His BP is 148/87 mm Hg, hemoglobin is 10 g/dL and potassium is 5.4 mEq/dL	• Nephrology visits with lab monitoring every 2-3 months. • HTN: Losartan 100mg daily, amlodipine 5mg daily, furosemide 40mg daily. BP goal liberalized to < 150/90 mm Hg. • Hyperkalemia: Sodium zirconium cyclosilicate 10g daily • Anemia: erythropoetin 4000 units every 2 weeks	• Screening symptoms with IPOS-Renal tool reveals mild pruritus and dysgeusia. • Pruritus: moisturizer BID, gabapentin 100mg every other night • Dysgeusia: sodium bicarbonate mouth rinses prior to eating	• Counsel that dementia and difficulty with medical decision-making may be exacerbated by kidney failure. • Complete durable power of attorney indicating his wife and daughter are his healthcare proxies. • Complete advance directive indicating wishes to avoid hospitalization but will accept it for potentially reversible issues (e.g. pain, infection)
Deteriorating (weeks-months) 	Able to self-care for some needs, requires considerable assistance	Patient falls and fractures an elbow, hospitalized and found to have a UTI and delirium. The fracture is treated non-operatively and patient is discharged home. Patient eGFR is 10 ml/min/1.73 m^2, BP is 107/75 mm Hg, hemoglobin is 9.5 g/dL and potassium is 5.2 mEq/dL. Patient has 1+ leg edema.	• HTN: Stop losartan, and amlodipine • Hyperkalemia: No change in plan • Edema: no change to furosemide, permissive edema to avoid increased risk of falls with higher dose • Anemia: No change to erythropoietin.	• Follow-up IPOS-Renal tool reveals arm pain, insomnia, anorexia and fatigued; less able to socialize and leave home. • Pain: Acetaminophen 1000mg TID, topical lidocaine patches • Insomnia/anorexia: mirtazapine 7.5mg QHS • Refer to social work to assess caregiver support and place home care referral • Create action plan for possible pain or dyspnea crisis	• Clarify wishes to avoid further hospitalization • Update advance directive and complete a portable medical order indicating preference for DNR/DNI. • Discuss the option of home hospice if condition worsens.

Rapidly declining (days-weeks) 	Unable to self-care, requires 24hr assistance	Patient loses 8lbs and spends most of the day in bed. Patient eGFR is 7 ml/min/1.73 m^2, hemoglobin is 9 g/dL and potassium is 5.2 mEq/dL. The edema has been resolved. Patient is eating very little.	• Stop lab monitoring • HTN: change furosemide to PRN for edema • Hyperkalemia: Stop sodium zirconium cyclosilicate due to poor appetite • Anemia: Stop erythropoietin given reduced function and limited life expectancy	• Follow-up screening with IPOS-Renal reveals intermittent nausea and vomiting, myoclonus, memory loss and episodes of agitation. • Nausea/agitation: olanzapine 2.5mg BID • Anorexia: stop mirtazapine	• Inform patient and family of terminal stage of kidney disease and that time is short. • Answer family's questions about what the dying process might look like. • Refer to hospice, consider inclusion of chaplain services to explore existential and anticipatory grief.
Abbreviations: BP, Blood Pressure; DNR/DNI, Do Not Resuscitate/Do Not Interact; eGFR, estimated glomerular filtration rate; HTN, hypertension; IPOS-Renal, Palliative Care Outcome Scale; QHS, every night at bedtime; TID, three times a day; UTI, Urinary Tract Infection.					

Supplemental Table 4. Geriatric Assessment Tools			
Geriatric Syndrome	**Assessment Tool**	**Links**	**Administration Notes**
Cognitive Impairment	Montreal Cognitive Assessment (MoCA)	https://www.mocacognition.com/the-moca-test/	• Any clinician, health professional, researcher or worker who has successfully completed the official MoCA training and certification module can administer and score MoCA. • Only health professionals with expertise in the cognitive field should interpret the results. • The paper test is available in nearly 100 languages. The app test is available in 5 languages with more coming every month. • Completion time: 10-12 minutes • 30 questions
Functional Impairment	Lawton Instrumental Activities of Daily Living (IADL) Scale	https://neurotoolkit.com/lawton-iadl-scale/	• Self-report questionnaire or interview by health professional • may be used in community, clinic, or hospital settings. The instrument is not useful for institutionalized older adults. • Completion time: 10 – 15 minutes • 8 item scale
	Katz Index of Independence in Activities of Daily Living	https://hign.org/sites/default/files/2020-06/Try_This_General_Assessment_2.pdf	• Ranks adequacy of performance in the six functions of bathing, dressing, toileting, transferring, continence, and feeding. • older adults in the community and all care settings • Completion time: less than five minutes to perform and requires training/observation based
Falls	Fall Efficacy Scale	https://hign.org/sites/default/files/2022-11/FES-I.pdf	• Physicians, nurses, physical and occupational therapists • can be administered in clinical settings or research environments • 16 items • Completion time: 5-10 min
Medication Risks	American Geriatric Society Beers Criteria	https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.18372	• Clinicians review medication list or bottles to inform prescribing decisions

Mood	Patient Health Questionnaire (PHQ)-9	https://www.mdcalc.com/calc/1725/phq9-patient-health-questionnaire9	• Self- assessment • Completion time 3 minutes • 9 item scale
	Geriatric Anxiety Inventory Short Form (GAI-SF)	https://gai.net.au/	• 5 items • Completion time 1-2 minutes
What Matters Most	Patient Priorities Identification tools	https://patientprioritiescare.org/health-professional-toolkit/	• Self-assessment or clinician driven • 15-30 minutes completion time

Supplemental Table 5. Customized nutritional guidance		
Area	**Disease-centered approach**	**Person-centered approach**
Calories	• Most adults: 25–35 kcal/kg/day • Sedentary: ~25–30 kcal/kg/day • Underweight or catabolic: ~ 30–35 kcal/kg/day	• Reassure patients and care partners that reduced appetite is normal and expected with kidney failure • Honor personal values and meaning assigned to food. • Use oral nutrition supplements or appetite stimulants, if needed.
Protein	• Most adults: 0.6–0.8 g/kg/day (low protein diet) • Sarcopenia or frailty: 0.6–1.0 g/kg/day	• Use patient-preferred protein sources. • Use protein supplements, if needed or desired based on patient goals.
Sodium	• Most adults: 2-3 g Na/day • Hypertension and/or volume overload: <2g Na/day	• Use diuretics to manage volume status occasionally or regularly so patients can enjoy special meals. • Liberalize Na intake with careful monitoring, if needed (e.g., severe anorexia)
Potassium	• Most adults: 2-4g K/day • Hyperkalemia: <2g K/day • Use K resins and kaliuretics • Stop or reduce K-sparing diuretics • Stop or reduce ACEI, ARB and MRA • Control metabolic acidosis	• Allow higher serum K if asymptomatic so can enjoy favorite foods. • Use K leaching techniques (e.g., boiling foods) • Consider K binding resin if tolerated
Phosphorus	• Limit natural foods with high phosphate content • Limit processed foods with phosphate additives. • Use phosphate binders	• Allow occasional “cheat” foods with binder use or portion control. • Allow for high PO4 levels, if needed (e.g., malnutrition)
Fluids	• Euvolemia: drink to thirst • Hypervolemia: restrict and use diuretics as needed. • Check daily weights and for peripheral edema.	• Allow small sips, ice chips for comfort • Allow occasional use of diuretics for special high sodium meals
Micronutrients	• Check for deficiencies (calcium and vitamin D, iron stores, magnesium, etc.). • Replace deficiencies as needed.	• If a multivitamin helps a patient’s wellbeing, continuation is reasonable. • Zinc and selenium deficiency can contribute to anorexia and dysgeusia; replace if needed.
Metabolic acidosis	• Assess serum bicarbonate • Give bicarbonate supplementation as appropriate • Favor a plant- (vs. animal-) dominant low-protein approach to reduce acid load.	• Correcting metabolic acidosis can improve energy and muscle mass. • Allow lower HCO_3^- if needed, (e.g. high pill burden with bicarbonate supplementation) • May target for higher HCO_3^- to help with shortness of breath
Legend: ACE, angiotensin-converting enzyme; ARB, angiotensin II receptor blocker; g/kg, grams to kilogram; HCO_3, bicarbonate; K, potassium; kcal/kg, kilo calories per kilogram; MRA, mineralocorticoid receptor antagonists; Na, sodium; P04, phosphorus.		

Supplemental Table 6. Validated tools for symptom assessment		
Tool	**Purpose**	**Link**
Edmonton Symptom Assessment System Revised: Renal (ESAS-r: Renal)	• Includes depression, anxiety and overall wellbeing	https://www.mdcalc.com/calc/10429/edmonton-symptom-assessment-system-revised-esas-r
Palliative Care Outcome Scale (IPOS-Renal)	• Assesses 11 common symptoms and other concerns, such as information needs, practical issues, family anxiety.	https://pos-pal.org/maix/ipos-renal-in-english.php
Karnofsky Performance Scale Index	• Assesses functional status and ability to perform activities of daily living.	https://www.mdcalc.com/calc/3168/karnofsky-performance-status-scale
CSHA Clinical Frailty Scale (CFS)	• Assesses frailty	https://www.mdcalc.com/calc/10300/csha-clinical-frailty-scale-cfs
General Anxiety Disorder-7 (GAD-7)	• Screens for symptoms of anxiety	https://www.mdcalc.com/calc/1727/gad7-general-anxiety-disorder7
Personal Health Questionnaire (PHQ-9)	• Screens for depressive symptoms	https://www.mdcalc.com/calc/1725/phq9-patient-health-questionnaire9