

CHRONIC KIDNEY DISEASE GUIDELINE

STAGE 5

URGENT

Your patient, _____, has an estimated Glomerular Filtration Rate (GFR) of _____ ml/min/1.73m² (i.e., Normal > 90) which was calculated by using the modified MDRD equation. This may indicate Stage 5 kidney disease as defined by the KDOQI guidelines developed by the National Kidney Foundation. Such a GFR reading may indicate a very advanced stage of kidney disease and this patient may be in imminent need of dialysis.

If this patient already has been identified as having chronic kidney disease of known cause, please proceed to the GOALS OF TREATMENT section below. If the patient does not have known CKD, you should consider the following FURTHER EVALUATION of your patient at their next visit*.

1. Repeat a serum creatinine and estimated GFR in 3-5 days to see if kidney failure is acute
2. Check for symptoms of urinary tract disease
3. Check blood pressure and for a history of hypertension
4. Check urinalysis for protein or blood.
5. Obtain a spot urine for protein/creatinine ratio.
6. Check whether patient is on a nephrotoxic medication, particularly NSAIDs, including cox 2 inhibitors.
7. Renal Ultrasound to rule out obstruction.

***THIS DEGREE OF KIDNEY FAILURE REPRESENTS AN ABSOLUTE INDICATION FOR NEPHROLOGY CONSULTATION AS SOON AS POSSIBLE IN MOST PATIENTS.**

GOALS OF TREATMENT (IF DUE TO CKD)

ASSESS PROGRESSION OF CKD

Measure serum creatinine, estimated GFR, and urinary microalb/creatinine ratio every 1-2 months.

BLOOD PRESSURE < 130/80 or <125/75 (if proteinuria >1gm/d or U_{prot}/U_{creat} >1).

While not contraindicated, ACE inhibitors/ARB blockers may not be tolerated due to greater risk of hyperkalemia and renal dysfunction. Kidney function and electrolytes should be rechecked within 7 days after starting an ACE inhibitor. Hyperkalemia can develop in patients treated with ACE inhibitors with this degree of kidney failure.

ANEMIA

Check hemoglobin every 1-2 months. Most of these patients will have anemia.

If Hgb <11 gm/dl: check for occult blood loss and iron deficiency and treat if found.

Many patients may need parenteral iron therapy. Most also will need therapy with erythropoietic.

CARDIOVASCULAR DISEASE

Patients with CKD or microalbuminuria are at increased risk of cardiovascular events. They are a target for risk factor intervention (i.e., LDL<100, weight loss, proper diet, exercise, smoking cessation).

BONE METABOLISM

Check calcium, phosphate and Parathyroid hormone at least once a year. You may want to consider referral to a nephrologist for abnormal values.

RENAL REPLACEMENT THERAPY

The options of hemodialysis, peritoneal dialysis and renal transplantation should be discussed with the patient. For patients favoring hemodialysis, an arteriovenous fistula should be placed.

PATIENT EDUCATION

Patient education materials and patient education classes on living with kidney disease can be obtained from The National Kidney Foundation of Western New York (Tel: 716-835-1323). Patient education classes are highly recommended for all Stage 3-5 Kidney disease patients and are a covered benefit of most Western New York health insurers.

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