CHRONIC KIDNEY DISEASE
QUICK REFERENCE GUIDE for the PRIMARY CLINICIAN
(derived from the National Kidney Foundation KDOQI Clinical Guidelines)

DIAGNOSE CKD:
Target Patients with Hypertension, DM, Family history of CKD
Screen by using GFR calculator to estimate GFR (eGFR)

CKD Diagnosis:
- eGFR < 60 (lasting more than 3 months)
- Microalbumin/creatinine ratio >30 mg/g

TAKE 7 ACTION STEPS (If eGFR <60):

1. REFER TO NEPHROLOGIST IF:
   - eGFR <30ml/min
   - Marked proteinuria out of proportion with decreased GFR. Albumin-creatinine ratio>250 mg/g
   - Abnormal urinalysis (persistent hematuria and/or proteinuria)
   - Uncontrolled hypertension
   - Recurrent renal calculi
   - PTH>100 or PO4>4.6

2. TAKE OFF UNSAFE MEDS:
   - No NSAIDS and No Cox-2 inhibitors
   - No METFORMIN
   - Reduce Allopurinol dose to 100 mg/day in general dose adjust for kidney function.
   - Be careful with Bisphosphonates. Do not use if GFR < 30
   - No phosphate preps like Fleets for colonoscopy
   - Be careful with IV contrast and gadolinium

3. START ACE inhibitor OR ARB unless contraindicated (see special cases)

4. START ASA (Acetylsalicylic acid) [81mg] daily unless contraindicated

5. BLOOD PRESSURE CONTROL < 130/80

6. GET LAB TESTS:
   - CBC, CMP, Lipid profile
   - HbA1C if DM
   - Urine Microalbumin/Creatinine ratio (proteinuria)
   - Calcium, PO4, PTH and 25 OH Vitamin D.

WHAT TO LOOK FOR IN LAB TESTS

ANEMIA:
Hemoglobin < 12 (indicates anemia – see special cases)

DIABETES:
HBA1C > 7.0

LIPID CONTROL:
HDL < 40
LDL > 100(CKD is a coronary artery disease CAD equivalent)
Triglycerides > 150

BONE DISEASE:
Ca++ < 8.5
PO4 > 4.6
PTH > 100
Vit. D < 30

7. “SAVE AN ARM” AVOID PICC LINES IF GFR< 45 (see Special Cases)