Renal Care - Provider One Pager

POP
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Primary care providers (PCPs) play a critical role in diagnosing and managing early chronic kidney disease (CKD). By focusing on prevention, early detection, and careful management, PCPs can significantly improve outcomes for their patients with CKD.

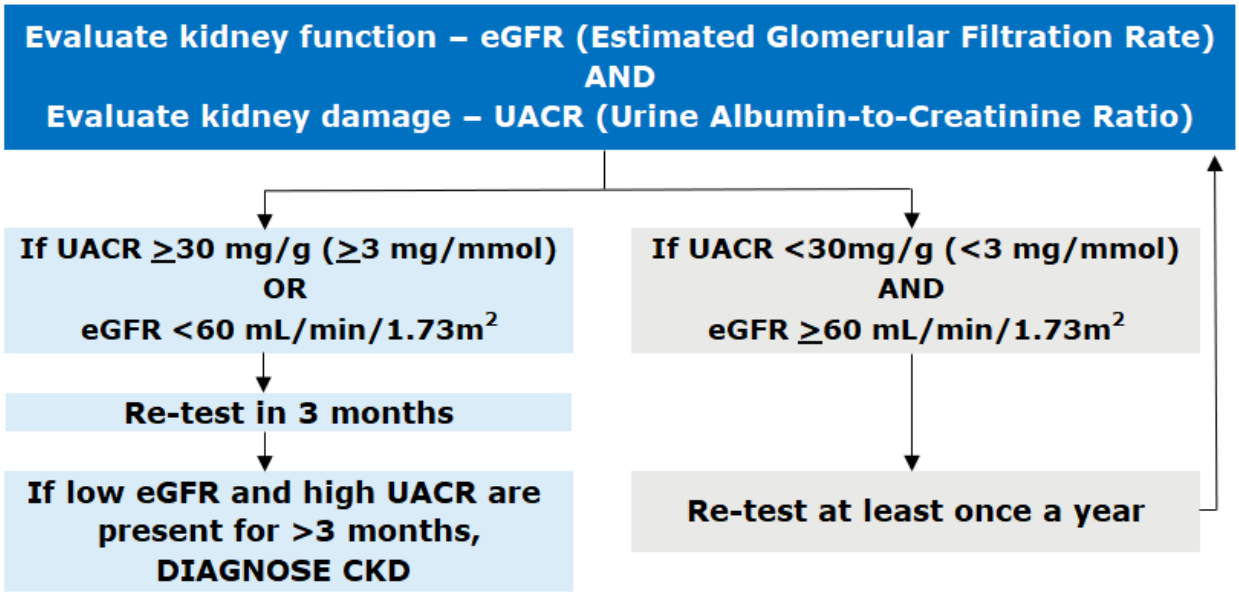
Identify Patients at Risk

CKD is irreversible, and most people do not experience any symptoms until their disease progresses. Early identification can allow patients the opportunity to adopt lifestyle changes and/or initiate treatment(s) which may slow down kidney disease progression.

Main risk factors	Additional risk factors
• Hypertension (HTN) • Diabetes mellitus type 1 and type 2 • Cardiovascular Disease (CVD) • Family history of CKD	• History of acute kidney injury • Medical conditions that can impact kidney function (e.g. SLE, HIV, obesity, genetic risk factors) • Environmental exposure to nephrotoxins

Screening for Kidney Disease

Screening for CKD should be completed at least annually for high-risk individuals. Be sure to order both lab components:



Adapted from https://www.theisn.org/wp-content/uploads/media/pcp/PCPOnePage_1Side_English.pdf

Diabetic Nephropathy

- Can be diagnosed if two of three urine tests for microalbuminuria or macroalbuminuria are positive in a three to six-month period with or without reduced eGFR. (ref ADA)
- Diabetes with nephropathy (E10.21 or E11.21) does carry a RAF score.
    - Documentation needs to clearly state that the nephropathy is related to the diabetes.

Ensure follow-up with patients
who have a positive result on urine testing to retest in 3 months.

These guidelines serve to assist in the management, documentation, and coding of clinical diagnoses. The intent of this document is to supplement, but not replace, the provider's clinical judgement.

Proper Staging

Use the KDIGO staging system to assess risk of CKD progression and ensure timely referral.

KDIGO Prognosis of CKD by GFR and Albuminuria Categories

GFR categories (ml/min per 1.73 m²) Description and range			Persistent Albuminuria categories Description and range		
	Stage		**A1**	**A2**	**A3**
		Kidney function	Normal to mildly increased	Moderately increased	Severely increased
	Stage	**Kidney function**	**Test Result**	<30 mg/g <3 mg/mmol	30-300 mg/g 3-30 mg/mmol	>300 mg/g >30 mg/mmol
	G1	Normal or high	≥90	**MONITOR 1**	**MONITOR 1**	**REFER* 2**
	G2	Mildly decreased	60-89	**MONITOR 1**	**MONITOR 1**	**REFER* 2**
	G3a	Mildly to moderately decreased	45-59	**MONITOR 1**	**MONITOR 2**	**REFER 3**
	G3b	Moderately to severely decreased	30-44	**MONITOR 2**	**MONITOR 3**	**REFER 3**
	G4	Severely decreased	15-29	**REFER* 3**	**REFER* 3**	**REFER 4+**
	G5	Kidney failure	<15	**REFER 4+**	**REFER 4+**	**REFER 4+**

Low risk:
No CKD or lowest risk for progression
Monitor 1 time per year

Moderately increased risk:
Increased risk for CKD getting worse
Monitor 1 time per year

High risk:
High risk for CKD getting worse
Monitor 2 times per year

Highest risk:
Highest risk for CKD getting worse
Monitor at lease 3-4 times per year

Refer: Indicates that a Nephrology referral and services are recommended.

**Consultation with Nephrology service should take place as needed depending on local arrangements regarding frequency of monitoring and timing of referral.*

Adapted from Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. Kidney Int Suppls. 2013;3:1-150 and NKF.

Slowing Kidney Disease Progression

Once CKD is confirmed, discuss potential treatment options including starting an ACE-inhibitor and encouraging compliance with all prescribed diabetes and blood pressure medications.

Medical Treatment	Pharmacy Considerations *

• Keep blood pressure within target range
• Ensure glycemic control
• Monitor complications
  ○ Anemia, mineral bone disorders, acidosis, electrolyte imbalances
• Schedule patients for follow-up appointments and recommended testing
	• Consider starting these medications:
	  ○ ACEi/ARB to lower blood pressure and/or protect kidneys
	  ○ SGLT2i to help manage diabetes and protect kidneys
	  ○ Loop diuretics to treat fluid overload
	• Avoid Nephrotoxic medications:
	  ○ NSAIDs and PPIs

**See the Renal Care Guidelines & Renal Medication Guidelines & Alternatives for specific recommendations.*

Recommend Lifestyle Changes

- ✓ Recommend a kidney friendly diet (avoid excessive protein intake, processed food, limit sodium)
- ✓ Encourage regular exercise and weight management
- ✓ Urge smoking cessation for patients who use tobacco products or e-cigarettes
- ✓ Suggest enrollment in a Kidney Smart® class

The Importance of Early Referrals

Early referrals to a Nephrologist have been proven to decrease morbidity and mortality associated with CKD. As kidney disease progresses, treatment options should be discussed early to allow time for well-planned and thoughtful choices to be made with the patient and family members.

Patients with CKD 4 should be referred to a Nephrologist for specialized care.

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