

Simple Steps to Provide Care for Patients with Kidney Disease

REACH Kidney Care is available to help patients in all stages of Chronic Kidney Disease (CKD).

Our mission is to provide education to individuals, helping them to prolong their kidney function. However, should kidney failure occur, we help individuals transition safely into a treatment option that works best for them. We are also here to help coordinate care.

Chronic Kidney Disease care requires identification, education, coordination and follow up to achieve the best possible outcome for each patient. The team at REACH Kidney care is committed to this effort.

Achieving the best possible health for patients in any stage of CKD requires joint effort from all members of the healthcare team.

Use this as a guide to assist in the delivery of care to patients with CKD.

1. Identify patients with risk factors for CKD development

- Age > 60 yrs
- GFR < 60
- Multiple medications that are nephrotoxic
- Family history of CKD
- African American, Hispanic, or Asian
- Smoking
- Overweight
- Comorbid conditions including, autoimmune disease, diabetes, heart failure, hereditary renal disease, hypertension, lower urinary tract obstruction, nephrolithiasis, primary glomerular disease, sepsis, systemic infection, urinary tract infection, and volume depletion.



2. Understand two key markers for CKD are urine albumin and estimated glomerular filtration rate (eGFR)

3. Calculate GFR (Glomerular Filtration Rate). See if your lab reports eGFR routinely. If not, ask the lab to do so. You can also calculate an eGFR by using GFR calculators available at www.nkdep.nih.gov/professionalsgfr_calculators

4. Screen to identify patients for CKD stages 1-5

Stage	GFR	Description
1	90+	Normal kidney function but urine or other abnormalities point to kidney disease. No symptoms.
2	60-89	Mildly reduced kidney function, urine or other abnormalities point to kidney disease. May not have symptoms.
3	30-59	Moderately reduced kidney function. Symptoms may include fatigue, swelling, and high blood pressure.
4	15-29	Severely reduced kidney function. Symptoms such as fatigue, swelling, and high blood pressure may worsen.
5	< 15	Very limited or no kidney function. Referred to as End Stage Renal Disease (ESRD). Will need a transplant or other renal replacement therapy to live.

5. Use a spot urine albumin-to-creatinine ratio (UACR). Albuminuria is present when UACR is greater than 30mg/g and is a marker for CKD.

6. Provide an early referral to a Nephrologist. We recommend letting the Nephrologist know when a patient's GFR drops below 60.

7. Be aware of the potential need for dialysis access creation and avoid using potential access arm (usually non-dominant side) for blood draws, IV's (including PICC lines and central lines) and blood pressure monitoring.



8. Know the following are renally excreted drugs and require dosage adjustment for renal impairment:

- ACEIs
- ARBS
- Antifungals
- Antigoit drugs
- Antituberculosis drugs
- Antiviral drugs
- Chemotherapeutic agents
- Digoxin
- Fluoroquinolone antibiotics
- H₂ antagonists
- Hydrophilic beta-blockers (e.g., atenolol, sotalol)
- Hypoglycemic drugs
- Most Penicillins and cephalosporin antibiotics
- NSAIDS
- Opioid drugs
- Sulfamethoxazole/trimethoprim
- IV Vancomycin
- Others: Certrazine, Duloxetine, Enoxaparin, Fexofenadine, Gabapentin, HMG-CoA reductase inhibitors (statins), Lithium, Metoclopramide, Methotrexate, Nitrofurantoin, Tetracycline, Tirobifan, Tramadol

9. Know the following are nephrotoxic drugs:

- Aminoglycosides
- Amphotericin B
- Chemotherapeutic drugs
- Cyclosporine modified
- Nonsteroidal anti-inflammatory drugs
- Penicillin antibiotics (when used in combination with other nephrotoxic drugs)
- Radiocontrast dye

10. Consider the following for pharmacologic management in patients with CKD:

- Assess and identify underlying risk factors
- Recognize combination nephrotoxic medications
- Use alternative drugs (e.g., avoid the use of NSAIDS)
- Assess baseline kidney function
- Adjust dosage as needed
- Closely monitor kidney function and vital signs during nephrotoxic drug therapy

Please contact us to assist in the care, education, and coordination of patients with CKD.

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Reach Kidney Care SM
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A Non-Profit Corporation

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