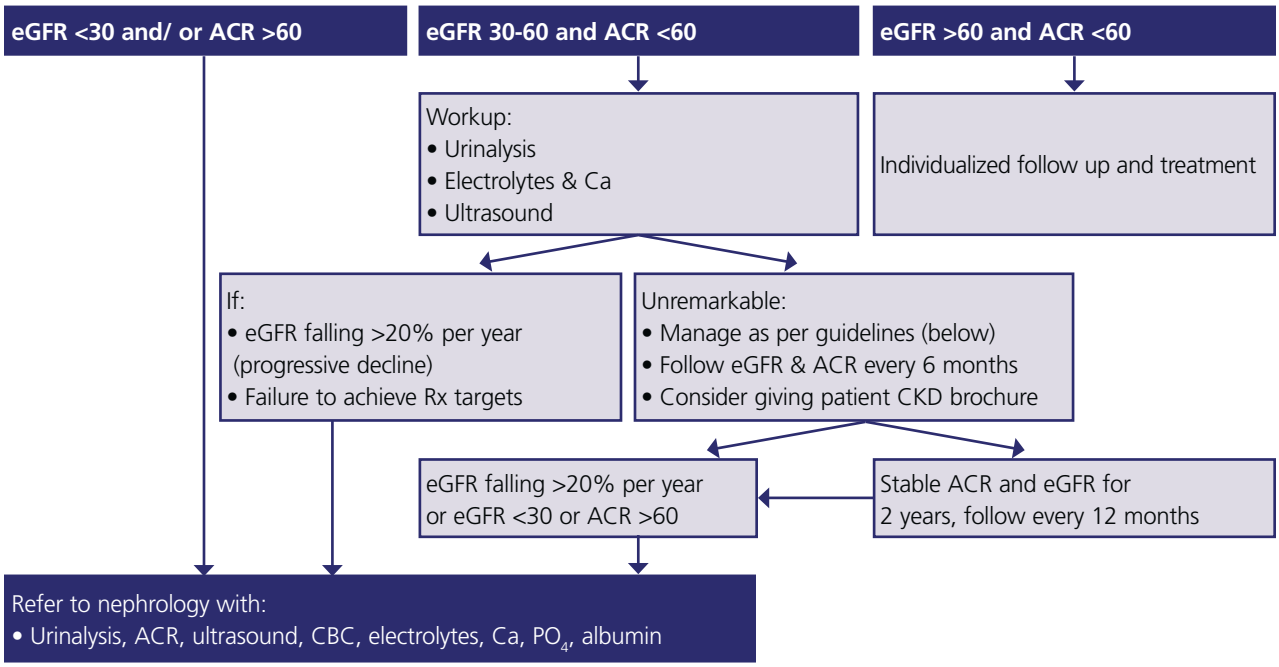
DETECTION & REFERRAL OF CHRONIC KIDNEY DISEASE (CKD)

Source: Algorithm developed by Akbari A, Karpinski J, Bell R, Magner P. The algorithm is based on the Canadian Society of Nephrology (CSN), 2006. Position Paper - Care and Referral of Adult Patients with Reduced Kidney Function. [17]

Identify patients in your practice with elevated risk of CKD:

- Patients with hypertension
- Patients with Diabetes
- Family history of end stage (Class V) renal disease *(also needs ultrasound of kidneys)*
- Patients with autoimmune disease
- Patients with vascular disease
- Patients with unexplained anemia
- Heart failure
- First Nations Peoples
- Patients with edema

Screen with eGFR and albumin to creatinine ratio in urine (ACR).
If eGFR <60 and/ or ACR >60, repeat them in 2 to 4 weeks. **Then if:**



Implement measures to modify CV risk factors

- Lifestyle modification, smoking cessation
- Treat cholesterol to target as per CV risk factors
- Consider ASA 81 mg daily
- In Diabetics, optimize blood sugar control

Minimize further kidney injury

- If possible, avoid nephrotoxins such as NSAIDs, aminoglycosides, IV and intra-arterial contrast, etc. (if eGFR <60)
- If contrast is necessary, consider prophylactic measures (if eGFR <60)

Treatment targets: implement measures to slow rate of CKD progression

- Treat to target BP <130/80
- Target urine albumin/ creatinine ratio <40
- ACEI or ARB are first line therapies in patients with albuminuria or proteinuria (monitor K and Cr or eGFR)
- See: www.ottawahospital.on.ca/hp/cpg/eGFR-e.pdf for The Ottawa Hospital Referral Guidelines