



DETECTION, MONITORING & REFERRAL OF CHRONIC KIDNEY DISEASE (CKD)

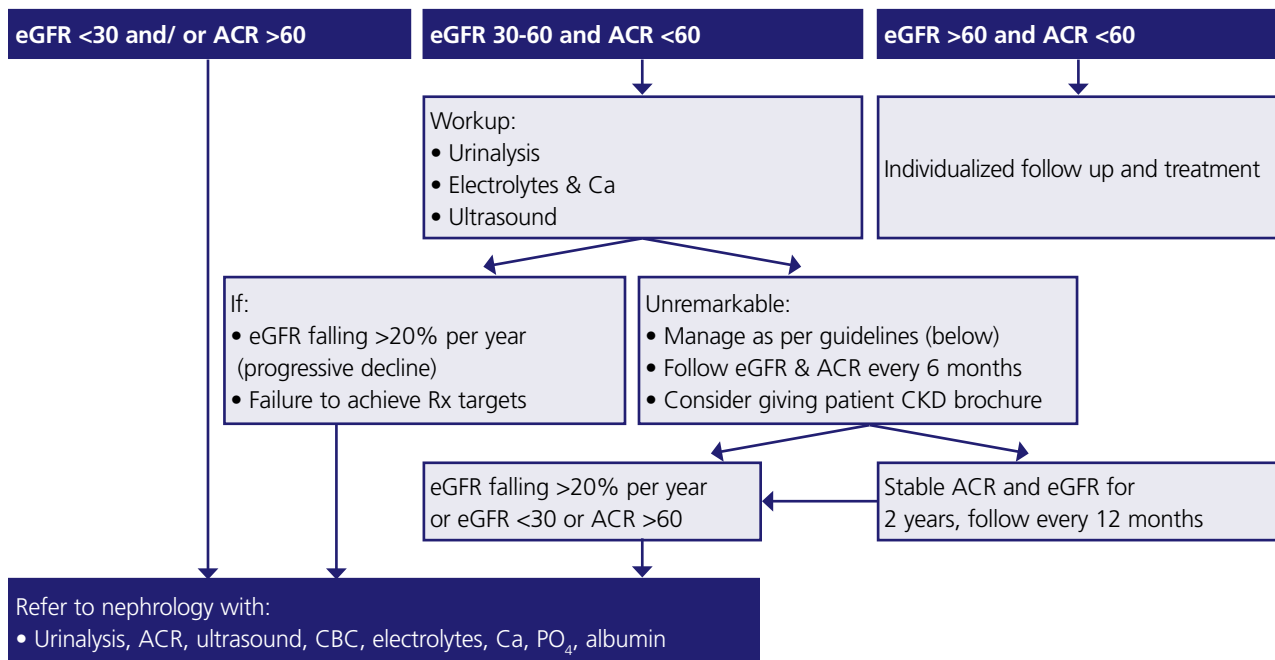
Source: Algorithm developed by Akbari A, Karpinski J, Bell R, Magner P. The algorithm is based on the Canadian Society of Nephrology (CSN), 2006. Position Paper - Care and Referral of Adult Patients with Reduced Kidney Function.¹⁷

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
- Patients with 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
- Consider ASA 81 mg daily for secondary prevention in patients with CVD
- Treat cholesterol to target as per other CVD risk factors
- 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 <140/90
- 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)

