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:

**eGFR <30 and/or ACR >60**

Workup:
- Urinalysis
- Electrolytes & Ca
- Ultrasound

If:
- eGFR falling >20% per year (progressive decline)
- Failure to achieve Rx targets

Refer to nephrology with:
- Urinalysis, ACR, ultrasound, CBC, electrolytes, Ca, PO₄, albumin

**eGFR 30-60 and ACR <60**

If:
- eGFR falling >20% per year (progressive decline)
- Failure to achieve Rx targets

Unremarkable:
- Manage as per guidelines (below)
- Follow eGFR & ACR every 6 months
- Consider giving patient CKD brochure

Stable ACR and eGFR for 2 years, follow every 12 months

**eGFR >60 and ACR <60**

Individualized follow up and treatment

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)
COMMUNITY RESOURCES - CHRONIC KIDNEY DISEASE

Clinic/Program:  Jindal Kidney Care Centre  
5th Floor, Riverside Campus  
1967 prom. Riverside Dr., Ottawa, Ontario K1H 7W9  
Tel: 613-738-8207 Fax: 613-738-8384

Description: The Jindal Kidney Care Centre provides care to adults with all forms of Kidney Disease. The goal is to serve patients as close to their homes as possible.

Appropriate for: Patients and their families in Ottawa and the surrounding regions.

Hours: Mon to Fri: 7:30 a.m. - 5:00 p.m. Telephone is answered between 8:00 a.m. to 4:30 p.m.

Language: English, French

Cost: N/A

Referral: Please follow referral guidelines below. Referral must be faxed to Nephrology Clinic. Once referral is received, it is reviewed by the Nephrologist on call and triaged.

Guidelines for referral to Jindal Kidney Care Centre:
• Patients should be referred to a nephrologist for:
  • eGFR less than 30 ml/min/1.73m²
  • Declining eGFR at a rate of more than 20% per year
  • Significant proteinuria: urine albumin to creatinine ratio (ACR) more than 60 g/mol
  • Failure to achieve treatment targets
• When faxing referral, include results of:
  • Urinalysis, ACR, Ultrasound of kidney, CBC, electrolytes, Ca, P, albumin, and all creatinines

Patient Education Brochure: Patient education brochures are available for patients with Stable Non-proteinuric (ACR <60) Chronic Kidney Disease. Brochures are available in French and English; please contact 613-738-8400 Ext. 82700 to request more brochures. They will be mailed to you free of cost.

Wallet Cards: Wallet cards that provide medication advice for kidney patients or that provide information on issues in patients with chronic kidney disease are also available and can be requested from the same number.

NOTES