Chronic Kidney Disease (CKD) Management – Primary Care

√GFR on patients with:
- Hypertension
- Diabetes Mellitus
- Coronary Artery Disease
- Family History CKD
- Age >60

Avoid Phosphate Preparations for Colonoscopy

GFR > 60

ACR > 30

Stage I or II CKD
Start ACE/ARB

ACR < 30

Stage III CKD
GFR <60 and > 30

U/A with microscopy
Abnormal:
Early Nephrology Referral or:

Stage IV CKD
GFR < 30

Stop Bisphoshanates
Avoid IV contrast
Avoid Gadolinium
Avoid PICC lines
Refer to Nephrology

Assess and Treat Complications

Anemia

Hb > 12.0 ♀
Hb > 13.5 ♂

Normal

Hb < 12.0 ♀
Hb < 13.5 ♂

Is there blood loss?
FOBT, Colonoscopy, EGD as indicated

Yes
Correct Cause

No
Stop

Is Hb <11.0?

Yes
Start erythropoietin
Keep Hb 11.0-12.0

No

Hypertension

Treat to BP < 130/80
Start ACE/ARB

Diabetes

Treat to HbA1C <7.0
Stop Metformin
Reduce Sitagliptin

Is Hb <11.0?

Yes

Check Phosphate
PTH
25-OH Vitamin D

Vitamin D < 30

Refer to Nephrology

Bone Disease

Phosphate > 4.6
Or PTH > 70

Refer to Nephrology

CAD

Treat to HDL > 40
LDL < 100
Triglycerides < 150
Start ASA 81mg
Smoking Cessation

Refer to Nephrology

Assess Iron Status
Is Fe/TIBC < 20%?

Yes
Replace Iron until Fe/TIBC > 20%

No

Assess and Treat Complications
GFR- glomerular filtration rate, ACR- albumin/creatinine ratio, ACE-angiotensin converting enzyme inhibitor, ARB-angiotensin receptor blocker, U/A- urinalysis, PICC-peripherally inserted central catheter, Hb-hemoglobin, PTH-parathyroid hormone, FOBT-fecal occult blood testing, EGD-esophagastroduodenoscopy, Fe/TIBC- iron/total iron binding capacity