# Surgery Name Chronic Kidney Disease Review

Review Status: Review Required (eGFR date unavailable)
Current EMIS Status: Chronic Kidney disease stage 3

## **Results Overview**

#### **Patient Information**

NHS Number: 706098Age: 62 | Gender: Female

#### **CKD Overview**

• Stage: Normal Function | ACR criteria: A1

• Albumin-Creatinine Ratio (ACR): 0.01 mg/mmol

• Creatinine:

Current: 71 μmol/L | Date: nan
 3 Months Prior: 0 μmol/L | Date: nan

eGFR:

Current: 82 ml/min/1.73m<sup>2</sup> | Date: nan
 3 Months Prior: 0 ml/min/1.73m<sup>2</sup> | Date: nan

• Anaemia Overview:

• Haemoglobin: 127 g/L | Date: nan

• Current Status: Normal

• Anaemia Management: No Action Needed

# **Electrolyte and Mineral Bone Disorder (MBD) Management**

Potassium: 4.4 mmol/L | Status: Normal | Date: nan
 Phosphate: 1.47 mmol/L | Status: Normal | Date: nan
 Calcium: 2.2 mmol/L | Status: Normal | Date: nan

• MBD Status: Normal

• Vitamin D Level: 34 ng/mL | Date: nan

• Vitamin D Status: Normal

#### **Blood Pressure**

Classification: Normal | Date: nan
 Systolic / Diastolic: 119 / 78 mmHg

• Target BP: <130/80 | BP Status: On Target

## **Kidney Failure Risk**

2-Year Risk: N/A%5-Year Risk: N/A%

The patient's 2- and 5-year kidney failure risk scores estimate the likelihood that their kidney disease will progress to kidney failure within the next 2 or 5 years. These scores are calculated based on the patient's current kidney function and other risk factors such as age, blood pressure, and existing health conditions. Understanding these risk scores helps in predicting disease progression and planning appropriate treatment strategies.

#### Care & Referrals

Multidisciplinary Care: Not Indicated
 Modality Education: Not Indicated
 Nephrology Referral: Not Indicated

• Persistent Proteinuria: No Referral Needed

#### **Medication Review**

• Current Medication: Amlodipine 5mg, Ibuprofen 200mg, Omeprazole 20mg

• Review Medications: No adjustments needed

• Contraindicated Medications: No contraindications

• **Suggested Medications:** Statin (e.g., Atorvastatin, Rosuvastatin, Simvastatin), ACE inhibitors (if not contraindicated) for proteinuria (if indicated), Lifestyle modifications

• Statin Recommendation: Not on Statin

## **Diabetes and HbA1c Management**

HbA1c Level: 44 mmol/mol | Date: nan
 HbA1c Management: On Target

## Lifestyle and Preventative Advice

Lifestyle Recommendations: Encourage general kidney health practices: a balanced, low-sodium diet; regular
physical activity within comfort levels; smoking cessation; weight management; and regular health check-ups to
monitor kidney function. Avoid over-the-counter NSAIDs and consult a healthcare provider for any new symptoms.

## **NICE Guideline Recommendations**

# **Recommendations for Normal Kidney Function:**

- **General Health Maintenance:** Encourage a balanced diet and regular physical activity. Avoid excessive use of NSAIDs and other nephrotoxic agents. Regular monitoring is not required unless risk factors are present.
- **Risk Factor Management:** Monitor blood pressure and maintain within normal ranges. Screen for diabetes and manage blood glucose levels if necessary.
- Preventive Measures: Encourage smoking cessation and limit alcohol intake. Stay hydrated and maintain a healthy weight.

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