

# Surgery Name

## Chronic Kidney Disease Review

**Review Status:** Review Required (CKD Stage 3-5 with >6 months since last eGFR, ACR >30, or high-risk)  
**Current EMIS Status:** No EMIS CKD entry

### Results Overview

#### Patient Information

- **NHS Number:** 916734
- **Age:** 60 | **Gender:** Female

#### CKD Overview

- **Stage:** Stage 4 | **ACR criteria:** A2
- **Albumin-Creatinine Ratio (ACR):** 20.0 mg/mmol
- **Creatinine:**
  - **Current:** 198 µmol/L | **Date:** 2023-07-10
  - **3 Months Prior:** 201 µmol/L | **Date:** 2023-04-10
- **eGFR:**
  - **Current:** 24 ml/min/1.73m<sup>2</sup> | **Date:** 2023-07-10
  - **3 Months Prior:** 24 ml/min/1.73m<sup>2</sup> | **Date:** 2023-04-10
- **Anaemia Overview:**
  - **Haemoglobin:** 143 g/L | **Date:** 2023-04-10
  - **Current Status:** Normal
- **Anaemia Management:** No Action Needed

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

- **Potassium:** 4.9 mmol/L | **Status:** Normal | **Date:** 2023-04-10
- **Phosphate:** 1.63 mmol/L | **Status:** Hyperphosphatemia | **Date:** 2023-04-10
- **Calcium:** 2.45 mmol/L | **Status:** Normal | **Date:** 2023-04-10
  - **MBD Status:** Check CKD-MBD
- **Vitamin D Level:** 39 ng/mL | **Date:** 2023-04-10
- **Vitamin D Status:** Normal

#### Blood Pressure

- **Classification:** Normal | **Date:** 2023-04-10
- **Systolic / Diastolic:** 135 / 88 mmHg
- **Target BP:** <130/80 | **BP Status:** Above Target

## Kidney Failure Risk

- **2-Year Risk:** 4.85%
- **5-Year Risk:** 16.29%

*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:** Indicated on the basis of risk calculation
- **Persistent Proteinuria:** No Referral Needed

## Medication Review

- **Current Medication:** Insulin 30 units, Amlodipine 5mg, Simvastatin 20mg, Rosuvastatin 10mg
- **Review Medications:** No adjustments needed
- **Contraindicated Medications:** No contraindications
- **Suggested Medications:** ACE inhibitors (e.g., Ramipril, Enalapril, Lisinopril) or ARBs (e.g., Losartan, Valsartan, Candesartan) (if not contraindicated) for proteinuria, Erythropoiesis-stimulating agents for anaemia (e.g., Epoetin alfa, Darbepoetin alfa) (if indicated), Loop diuretics (e.g., Furosemide, Bumetanide, Torsemide) for fluid control
- **Statin Recommendation:** On Statin

## Diabetes and HbA1c Management

- **HbA1c Level:** 49 mmol/mol | **Date:** 2023-04-10
- **HbA1c Management:** On Target

## Lifestyle and Preventative Advice

- **Lifestyle Recommendations:** Refer to a renal dietitian for specialist dietary guidance, focusing on protein and potassium intake. Advise on sodium restriction and safe physical activity within the patient's tolerance. Discuss advance care planning and monitor for anemia, acidosis, and hyperphosphatemia.

---

## NICE Guideline Recommendations

### CKD Stage G4 Recommendations:

- **Specialist Management and Referral:** Routine referral to nephrology for co-management and preparation for potential renal replacement therapy. Regularly monitor eGFR, ACR, potassium, calcium, phosphate, and haemoglobin levels. Perform renal ultrasound if structural abnormalities or obstruction are suspected.
- **Management of Complications:** Monitor and manage anaemia, electrolyte imbalances, acidosis, and bone mineral disorders. Adjust medications that are renally excreted. Maintain BP targets as per guidelines.
- **Lifestyle and Preventive Measures:** Continue statin therapy (Atorvastatin 20 mg) for cardiovascular risk reduction. Provide vaccinations including influenza, pneumococcal, and COVID-19 as indicated. Regularly review medications to avoid nephrotoxic drugs and adjust dosages. Discontinue metformin if eGFR is less than 30 mL/min/1.73 m<sup>2</sup>.
- **Patient Education:** Discuss potential need for renal replacement therapy and available options. Provide guidance on diet, fluid intake, and symptom management.

---

Surgery Name,  
Add 1,  
Add 2,  
Belfast,  
BT123456

Telephone: 028 90\*\*\*\*\*