

# Surgery Name

## Chronic Kidney Disease Review

**Review Status:** Review Required (CKD Stage 1-2 with >1 year since last eGFR or ACR >3)  
**Current EMIS Status:** nan

### Results Overview

#### Patient Information

- **NHS Number:** 671849
- **Age:** 72 | **Gender:** Male

#### CKD Overview

- **Stage:** Stage 2 | **ACR criteria:** A2
- **Albumin-Creatinine Ratio (ACR):** 6.1 mg/mmol
- **Creatinine:**
  - **Current:** 95 µmol/L | **Date:** 2023-10-07
  - **3 Months Prior:** 0 µmol/L | **Date:** nan
- **eGFR:**
  - **Current:** 73 ml/min/1.73m<sup>2</sup> | **Date:** 2023-10-07
  - **3 Months Prior:** 0 ml/min/1.73m<sup>2</sup> | **Date:** nan
- **Anaemia Overview:**
  - **Haemoglobin:** 133 g/L | **Date:** nan
  - **Current Status:** Normal
- **Anaemia Management:** No Action Needed

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

- **Potassium:** 4.6 mmol/L | **Status:** Normal | **Date:** nan
- **Phosphate:** 1.53 mmol/L | **Status:** Hyperphosphatemia | **Date:** nan
- **Calcium:** 2.3 mmol/L | **Status:** Normal | **Date:** nan
  - **MBD Status:** Check CKD-MBD
- **Vitamin D Level:** 36 ng/mL | **Date:** nan
- **Vitamin D Status:** Normal

#### Blood Pressure

- **Classification:** Normal | **Date:** nan
- **Systolic / Diastolic:** 125 / 80 mmHg
- **Target BP:** <130/80 | **BP Status:** Above 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:** Persistent Proteinuria - Consider Referral

## Medication Review

- **Current Medication:** Simvastatin 20mg, Rosuvastatin 10mg, Insulin 30 units
- **Review Medications:** No adjustments needed
- **Contraindicated Medications:** No contraindications
- **Suggested Medications:** ACE inhibitors (if not contraindicated) for proteinuria (if indicated), Lifestyle modifications
- **Statin Recommendation:** On Statin

## Diabetes and HbA1c Management

- **HbA1c Level:** 46 mmol/mol | **Date:** nan
- **HbA1c Management:** On Target

## Lifestyle and Preventative Advice

- **Lifestyle Recommendations:** Encourage a balanced diet, including reduced sodium intake. Promote regular physical activity (150 minutes per week) as per general health guidance. Emphasize smoking cessation and maintaining a healthy weight.

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## NICE Guideline Recommendations

### CKD Stage G2 Recommendations:

- **Initial Assessment:** Repeat Urine ACR testing, haematuria screening, and BP monitoring as per Stage G1. Confirm stable renal function by reviewing previous eGFR results or retest within 14 days if necessary.
- **Management and Monitoring:** Continue primary care management with annual monitoring if ACR is greater than 3 mg/mmol. Reduce monitoring frequency if ACR is less than 3 mg/mmol and no additional risk factors are present.
- **Lifestyle and Preventive Measures:** Promote lifestyle interventions such as regular exercise, smoking cessation, and weight management. Maintain BP targets of less than 140/90 mmHg, or less than 130/80 mmHg for patients with diabetes or significant proteinuria (ACR >70 mg/mmol).
- **Medication:** Evaluate cardiovascular risk and consider statin therapy as per guidelines. If proteinuria is present, consider initiating an ACE inhibitor or angiotensin receptor blocker (ARB) to reduce proteinuria and slow CKD progression.

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