

# Surgery Name

## Chronic Kidney Disease Review

**Review Status:** No immediate review required  
**Current EMIS Status:** Chronic Kidney disease stage 3

### Results Overview

#### Patient Information

- **NHS Number:** 572754
- **Age:** 41 | **Gender:** Male

#### CKD Overview

- **Stage:** Stage 1 | **ACR criteria:** A2
- **Albumin-Creatinine Ratio (ACR):** 16.5 mg/mmol
- **Creatinine:**
  - **Current:** 70 µmol/L | **Date:** 2024-01-01
  - **3 Months Prior:** 73 µmol/L | **Date:** 2023-01-10
- **eGFR:**
  - **Current:** 114 ml/min/1.73m<sup>2</sup> | **Date:** 2024-01-01
  - **3 Months Prior:** 112 ml/min/1.73m<sup>2</sup> | **Date:** 2023-01-10
- **Anaemia Overview:**
  - **Haemoglobin:** 124 g/L | **Date:** 2023-01-10
  - **Current Status:** Mild Anaemia
- **Anaemia Management:** No Action Needed

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

- **Potassium:** 5.6 mmol/L | **Status:** Hyperkalemia | **Date:** 2023-01-10
- **Phosphate:** 1.87 mmol/L | **Status:** Hyperphosphatemia | **Date:** 2023-01-10
- **Calcium:** 2.8 mmol/L | **Status:** Hypercalcemia | **Date:** 2023-01-10
  - **MBD Status:** Check CKD-MBD
- **Vitamin D Level:** 33 ng/mL | **Date:** 2023-01-10
- **Vitamin D Status:** Normal

#### Blood Pressure

- **Classification:** Normal | **Date:** 2023-01-10
- **Systolic / Diastolic:** 116 / 73 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:** Persistent Proteinuria - Consider Referral

## Medication Review

- **Current Medication:** Hydrochlorothiazide 25mg
- **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:** 43 mmol/mol | **Date:** 2023-01-10
- **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 G1 Recommendations:

- **Initial Assessment:** Perform Urine Albumin-to-Creatinine Ratio (ACR) testing to detect proteinuria, conduct haematuria screening, and monitor blood pressure (BP). Confirm stable renal function by reviewing prior estimated glomerular filtration rate (eGFR) results; if unavailable, re-evaluate renal function within 14 days.
- **Management and Monitoring:** Manage in primary care with annual monitoring if ACR is greater than 3 mg/mmol (indicative of microalbuminuria). If ACR is less than 3 mg/mmol, consider reducing the frequency of monitoring based on individual risk factors.
- **Lifestyle and Preventive Measures:** Encourage regular physical activity, smoking cessation, and maintaining a healthy weight. Aim for BP targets of less than 140/90 mmHg generally, or less than 130/80 mmHg if the patient has diabetes or an ACR greater than 70 mg/mmol (significant proteinuria).
- **Medication:** Assess cardiovascular risk and consider initiating statin therapy if appropriate, following current guidelines.

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