

# 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:** Chronic Kidney disease stage 3

### Results Overview

#### Patient Information

- **NHS Number:** 824767
- **Age:** 13 | **Gender:** Male

#### CKD Overview

- **Stage:** Stage 3b | **ACR criteria:** A1
- **Albumin-Creatinine Ratio (ACR):** 0.01 mg/mmol
- **Creatinine:**
  - **Current:** 125 µmol/L | **Date:** 2023-12-15
  - **3 Months Prior:** 128 µmol/L | **Date:** 2023-09-15
- **eGFR:**
  - **Current:** 42 ml/min/1.73m<sup>2</sup> | **Date:** 2023-12-15
  - **3 Months Prior:** 41 ml/min/1.73m<sup>2</sup> | **Date:** 2023-09-15
- **Anaemia Overview:**
  - **Haemoglobin:** 148 g/L | **Date:** 2023-09-15
  - **Current Status:** Normal
- **Anaemia Management:** No Action Needed

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

- **Potassium:** 5.1 mmol/L | **Status:** Normal | **Date:** 2023-09-15
- **Phosphate:** 1.7 mmol/L | **Status:** Hyperphosphatemia | **Date:** 2023-09-15
- **Calcium:** 2.55 mmol/L | **Status:** Normal | **Date:** 2023-09-15
  - **MBD Status:** Check CKD-MBD
- **Vitamin D Level:** 41 ng/mL | **Date:** 2023-09-15
- **Vitamin D Status:** Normal

#### Blood Pressure

- **Classification:** Stage 1 Hypertension | **Date:** 2023-09-15
- **Systolic / Diastolic:** 140 / 88 mmHg
- **Target BP:** <130/80 | **BP Status:** Above Target

## Kidney Failure Risk

- **2-Year Risk:** 0.08%
- **5-Year Risk:** 0.28%

*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, Atorvastatin 40mg
- **Review Medications:** No adjustments needed
- **Contraindicated Medications:** No contraindications
- **Suggested Medications:** ACE inhibitors (if not contraindicated) for proteinuria, Phosphate binders (e.g., Sevelamer, Lanthanum carbonate, Calcium acetate)
- **Statin Recommendation:** On Statin

## Diabetes and HbA1c Management

- **HbA1c Level:** 51 mmol/mol | **Date:** 2023-09-15
- **HbA1c Management:** On Target

## Lifestyle and Preventative Advice

- **Lifestyle Recommendations:** Encourage a balanced, low-sodium diet. Advise moderate, regular physical activity while monitoring for fatigue. Reinforce the importance of smoking cessation, weight management, and avoiding over-the-counter NSAIDs.

---

## NICE Guideline Recommendations

### CKD Stage G3b Recommendations:

- **Monitoring and Risk Management:** Continue primary care management with renal function tests every 6 months, or more frequently if ACR is greater than 3 mg/mmol. Use the KFRE to assess progression risk; refer to nephrology if the 5-year risk exceeds 5% or if there's a rapid decline in eGFR.
- **Referral Considerations:** Consider nephrology referral for further evaluation and management, especially if complications like anaemia, electrolyte imbalances, or bone mineral disorders arise.
- **Lifestyle and Preventive Measures:** Aggressively manage BP and cardiovascular risk factors. Optimize dosing of ACE inhibitors or ARBs. Continue statin therapy as indicated.
- **Patient Education:** Reinforce the importance of lifestyle modifications and adherence to treatment plans to slow CKD progression.

---

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

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