

Surgery Name

Chronic Kidney Disease Review

Review Status: No CKD stage specified
Current EMIS Status: Chronic Kidney disease stage 3

Results Overview

Patient Information

- NHS Number: 112367
- Age: 78 | Gender: Male

CKD Overview

- Stage: Normal Function | ACR criteria: A1
- Albumin-Creatinine Ratio (ACR): 3.0 mg/mmol
- Creatinine:
 - Current: 66 µmol/L | Date: 2024-01-01
 - 3 Months Prior: 69 µmol/L | Date: 2023-01-10
- eGFR:
 - Current: 92 ml/min/1.73m² | Date: 2024-01-01
 - 3 Months Prior: 91 ml/min/1.73m² | Date: 2023-01-10
- Anaemia Overview:
 - Haemoglobin: 150 g/L | Date: 2023-01-10
 - Current Status: Normal
- Anaemia Management: No Action Needed

Electrolyte and Mineral Bone Disorder (MBD) Management

- Potassium: 5.2 mmol/L | Status: Normal | Date: 2023-01-10
- Phosphate: 1.73 mmol/L | Status: Hyperphosphatemia | Date: 2023-01-10
- Calcium: 2.6 mmol/L | Status: Normal | Date: 2023-01-10
 - MBD Status: Check CKD-MBD
- Vitamin D Level: 42 ng/mL | Date: 2023-01-10
- Vitamin D Status: Normal

Blood Pressure

- Classification: Stage 1 Hypertension | Date: 2023-01-10
- Systolic / Diastolic: 142 / 90 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:** Paracetamol 500mg, Carvedilol 12.5mg, Lisinopril 10mg
- **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:** 52 mmol/mol | **Date:** 2023-01-10
- **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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