

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:** 957155
- **Age:** 94 | **Gender:** Male

CKD Overview

- **Stage:** Stage 3a | **ACR criteria:** A2
- **Albumin-Creatinine Ratio (ACR):** 17.2 mg/mmol
- **Creatinine:**
 - **Current:** 118 µmol/L | **Date:** 2023-07-10
 - **3 Months Prior:** 121 µmol/L | **Date:** 2023-06-10
- **eGFR:**
 - **Current:** 49 ml/min/1.73m² | **Date:** 2023-07-10
 - **3 Months Prior:** 47 ml/min/1.73m² | **Date:** 2023-06-10
- **Anaemia Overview:**
 - **Haemoglobin:** 138 g/L | **Date:** 2023-04-10
 - **Current Status:** Normal
- **Anaemia Management:** No Action Needed

Electrolyte and Mineral Bone Disorder (MBD) Management

- **Potassium:** 4.8 mmol/L | **Status:** Normal | **Date:** 2023-04-10
- **Phosphate:** 1.6 mmol/L | **Status:** Hyperphosphatemia | **Date:** 2023-04-10
- **Calcium:** 2.4 mmol/L | **Status:** Normal | **Date:** 2023-04-10
 - **MBD Status:** Check CKD-MBD
- **Vitamin D Level:** 38 ng/mL | **Date:** 2023-04-10
- **Vitamin D Status:** Normal

Blood Pressure

- **Classification:** Normal | **Date:** 2023-04-10
- **Systolic / Diastolic:** 130 / 85 mmHg
- **Target BP:** <130/80 | **BP Status:** Above Target

Kidney Failure Risk

- **2-Year Risk:** 0.18%
- **5-Year Risk:** 0.63%

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:** Aspirin 100mg, Metformin 500mg, Warfarin 5mg, nan
- **Review Medications:** No adjustments needed
- **Contraindicated Medications:** No contraindications
- **Suggested Medications:** Statin (e.g., Atorvastatin, Rosuvastatin, Simvastatin), ACE inhibitors (if not contraindicated) for proteinuria, Oral iron supplement (e.g., Ferrous sulfate, Ferrous gluconate, Ferrous fumarate) if needed
- **Statin Recommendation:** **Consider Statin**

Diabetes and HbA1c Management

- **HbA1c Level:** **48 mmol/mol** | **Date:** 2023-04-10
- **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 G3a Recommendations:

- **Monitoring and Risk Assessment:** Manage in primary care with at least annual renal function tests; increase monitoring to every 6 months if ACR is greater than 3 mg/mmol. Use the Kidney Failure Risk Equation (KFRE) at each assessment to estimate progression risk; refer to nephrology if the 5-year risk is greater than 5%.
- **Referral Criteria:** Refer to nephrology if ACR is greater than 70 mg/mmol, there's a sustained decrease in eGFR of 25% or more over 12 months, or if significant proteinuria or haematuria is present.
- **Lifestyle and Preventive Measures:** Intensify cardiovascular risk management, including prescribing Atorvastatin 20 mg unless contraindicated. Maintain BP targets as per guidelines: less than 140/90 mmHg generally, or less than 130/80 mmHg if the patient has diabetes or significant proteinuria.
- **Medication:** Initiate or optimize ACE inhibitor or ARB therapy if proteinuria is present, unless contraindicated.
- **Patient Education:** Educate on CKD progression, importance of medication adherence, and regular monitoring.

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