

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: Chronic Kidney disease stage 3

Results Overview

Patient Information

- **NHS Number:** 538522
- **Age:** 59 | **Gender:** Female

CKD Overview

- **Stage:** Stage 1 | **ACR criteria:** A2
- **Albumin-Creatinine Ratio (ACR):** 4.4 mg/mmol
- **Creatinine:**
 - **Current:** 62 µmol/L | **Date:** 2023-10-07
 - **3 Months Prior:** 65 µmol/L | **Date:** 2023-10-04
- **eGFR:**
 - **Current:** 99 ml/min/1.73m² | **Date:** 2023-10-07
 - **3 Months Prior:** 93 ml/min/1.73m² | **Date:** 2023-10-04
- **Anaemia Overview:**
 - **Haemoglobin:** 134 g/L | **Date:** 2023-10-04
 - **Current Status:** Normal
- **Anaemia Management:** No Action Needed

Electrolyte and Mineral Bone Disorder (MBD) Management

- **Potassium:** 4.6 mmol/L | **Status:** Normal | **Date:** 2023-10-04
- **Phosphate:** 1.53 mmol/L | **Status:** Hyperphosphatemia | **Date:** 2023-10-04
- **Calcium:** 2.3 mmol/L | **Status:** Normal | **Date:** 2023-10-04
 - **MBD Status:** Check CKD-MBD
- **Vitamin D Level:** 36 ng/mL | **Date:** 2023-10-04
- **Vitamin D Status:** Normal

Blood Pressure

- **Classification:** Normal | **Date:** 2023-10-04
- **Systolic / Diastolic:** 126 / 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:** Ibuprofen 200mg
- **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:** 46 mmol/mol | **Date:** 2023-10-04
- **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.

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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