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:** 998238
- **Age:** 40 | **Gender:** Male

CKD Overview

- **Stage:** Stage 3a | **ACR criteria:** A2
- **Albumin-Creatinine Ratio (ACR):** 11.1 mg/mmol
- **Creatinine:**
  - **Current:** 157 µmol/L | **Date:** 2024-02-15
  - **3 Months Prior:** 0 µmol/L | Date: nan
- **eGFR:**
  - **Current:** 48 ml/min/1.73m^2 | **Date:** 2024-02-15
  - **3 Months Prior:** 0 ml/min/1.73m^2 | Date: nan
- **Anaemia Overview:**
  - **Haemoglobin:** 130 g/L | **Date:** nan
  - **Current Status:** Normal
- **Anaemia Management:** No Action Needed

Electrolyte and Mineral Bone Disorder (MBD) Management

- **Potassium:** 4.5 mmol/L | **Status:** Normal | **Date:** nan
- **Phosphate:** 1.5 mmol/L | **Status:** Normal | **Date:** nan
- **Calcium:** 2.25 mmol/L | **Status:** Normal | **Date:** nan
  - **MBD Status:** Normal
- **Vitamin D Level:** 35 ng/mL | **Date:** nan
- **Vitamin D Status:** Normal

Blood Pressure

- **Classification:** Normal | **Date:** nan
- **Systolic / Diastolic:** 122 / 76 mmHg
- **Target BP:** <130/80 | **BP Status:** On Target

Kidney Failure Risk

- **2-Year Risk:** 0.49%
- **5-Year Risk:** 1.76%

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:** Hydrochlorothiazide 25mg, Warfarin 5mg
- **Review Medications:** Hydrochlorothiazide
- **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:** 45 mmol/mol | **Date:** nan
- **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.

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

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