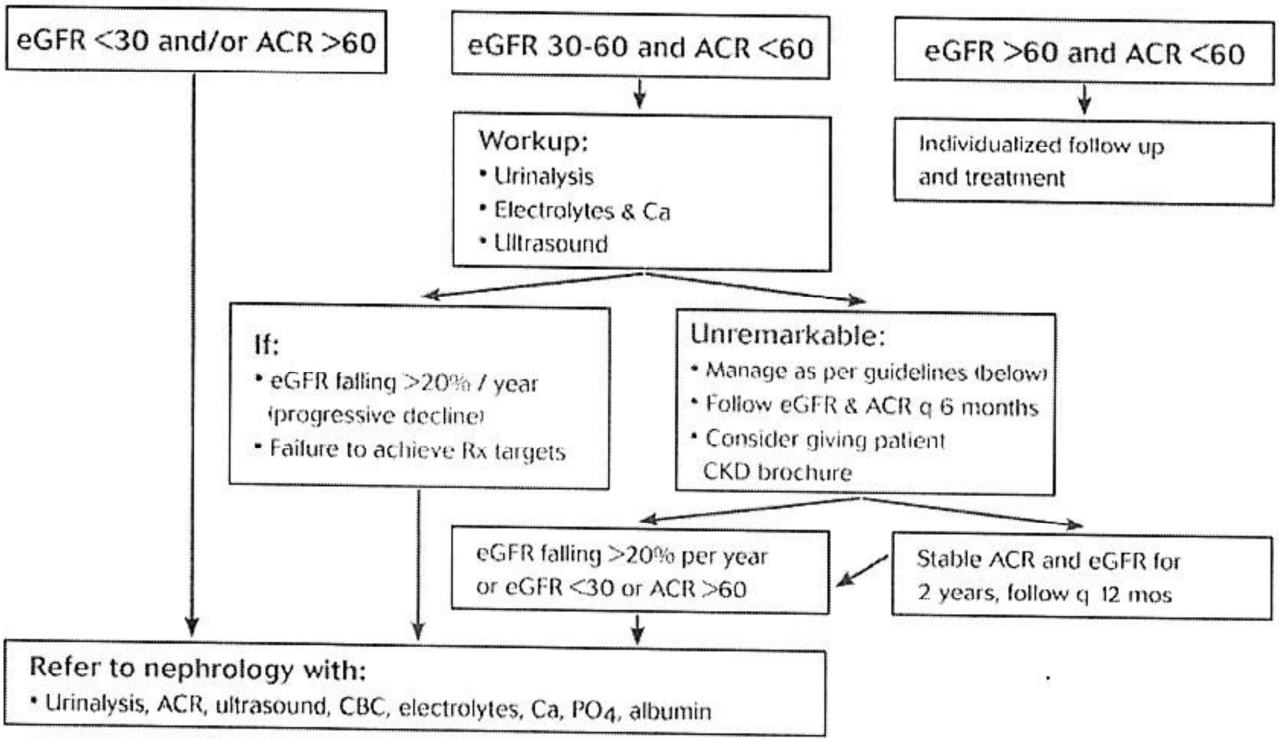
Adapted from the CSN Algorithm ***Detection, Monitoring & Referral of CKD,*** *revised by the Ottawa hospital.*

- Identify Patients in your practice with elevated risk of CKD
  - o Patients with hypertension
  - o Patients with diabetes mellitus
  - o Family history of end stage (class V) renal disease (also needs ultrasound of kidney)
  - o Patients with vascular disease
  - o Patients with unexplained anemia
  - o Patients with Congestive Heart failure
  - o First Nations People
- Screen with eGFR and albumin to creatinine ratio in urine (ACR)
- If eGFR < 60 and/or ACR > 60, repeat them in 2-4 weeks. Then if…



Implement measures to modify CV risk factors

- Lifestyle modification, smoking cessation
- In diabetics, optimize blood sugar control
- Treat Cholesterol as per general population if eGFR>=30

Minimize further kidney injury

- If possible, avoid nephrotoxins such as NSAID, aminoglycosides, I/V and intra-arterial contrast etc. (if eGFR < 60)
- If contrast is necessary, consider prophylactic measures (if eGFR < 60)

Treatment targets: implement measures to slow rate of CKD progression

- Diabetic - Treat to target BP < 130/80
- Target urine albumin/creatinine ratio < 40
- Non-Diabetic - Treat to target BP < 140/90
- ACEI or ARB are first line therapies in pts with albuminuria or proteinuria (monitor K and Cr or eGFR

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Appendix to: Akbari A., Grimshaw J., Stacey D, et al. Change in appropriate referrals to nephrologists after the introduction of automatic reporting of the estimate glomerular filtration rate. CMAJ 2012. DOI: 10.1503/cmaj.110678.