



Chronic Renal Failure

Management



Low Clearance Clinic

- Royal Free- 500 patients
 - Whittington – 100 patients
 - Barnet – 80 patients
 - North Middlesex -180 patients
- 
- 



Classification

Stage	Description	GFR (ml/min)
1	Kidney damage with normal or _ GFR	≥90
2	Kidney damage with mild _ GFR	60-89
3	Moderate _ GFR	30-59
4	Severe _ GFR	15-29
5	Kidney failure	<15



K/DOQI 2002



Definition

- Chronic kidney disease is defined as either kidney damage of $\text{GFR} < 60 \text{ml/min/1.73m}_2$ for ≥ 3 months.
- Kidney damage is defined as pathologic abnormalities or markers of damage, including abnormalities in blood or urine tests or imaging studies



K/DOQI 2002



Referral Criteria

eGFR 30-39mls/min manage jointly
GP/ Nephrologist



eGFR 15-29mls/min refer
Nephrologist



K/DOQI (2002)





Referral Criteria

- Diabetic – eGFR 30mls/min
 - Non Diabetic – eGFR 20mls/min
 - Rapid disease trajectory – eGFR 25mls/min
- 
- 



Retarding Progression & Reducing Co morbidities

Diabetes

- 
- Glycated Hb < 6%
 - Refer to chiropodist/podiatrist
 - Refer dietician
 - Stop Metformin if stage 4 (GFR 15-29)
- 



Blood pressure Control

- BP target 125/75 mmHg if progressive proteinuric renal disease
- BP target 130/80 mmHg if function stable
- ACE first choice management
- Watch for presence of oedema



Renal Assoc 2002



Anaemia Management

- Target Hb 11.5-12.5g/dl
- Haemoaglobinopathies eg Sickle Cell target Hb 7-9 g/dl
- IV iron- 55% effective
- Oral iron 3% effective
- Start EPO once iron replete to achieve target



European best Practice Guidelines
2004



Electrolyte Balance

➤ Potassium: target ≤ 5.5 mmols



➤ Dietary advice to restrict if ≥ 5.5 mmols on 2 occasions



➤ Recheck potassium levels if ≥ 6 mmols




Phosphate & PTH

➤ Phosphate: target ≤ 1.5 mmols

Ensure patients educated re: timing of binders eg calcichew 10mins before food





➤ Parathyroid hormone (PTH) check 1-3 monthly



➤ Maintain with/without alfa-calcidol to target $\geq 6\mu\text{mol}$ to $\leq 18-20\mu\text{mol}$

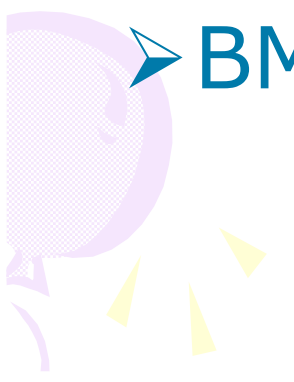


Bicarbonate

- Maintain serum bicarbonate within normal limits 22-29mmols
 - Commence Na Bic 600mgs bd initially if bicarbonate level <20mmols on 2 occasions
 - Check BP & fluid status 1 week following initiation of Na Bic tabs
- 
- 



Protein & Nutrition

- Dietary protein 0.75g-1g/kg/day
 - 35 kcal/kg/day
 - No added salt
 - Diabetic/ dietary restrictions
 - Weight management /healthy living choices
 - BMI recorded first clinic visit
- 



Hep B

- The dose is by intramuscular injection
- consisting of three doses of 1ml (40mcgs). The first dose to be given at 0 months, second dose at 1 month and third dose at 6 months, after the first dose.
- Antibodies to be checked one month after administration of third dose of HB-Vax.



Treatment Options

➤ Haemodialysis



➤ Peritoneal dialysis: CAPD/APD

➤ Transplant



➤ Maximum Conservative Management