

Care Pathway for management of Chronic Kidney Disease

Following publication of national guidelines for management of chronic kidney disease a review meeting was held at the Royal College of Physicians Edinburgh in February 2007 and an updated consensus document issued. The advised changes have been included in the North Bristol Trust CKD care pathways included below.

The major changes from previous advice are as follows:

- It is recommended that the presence of significant proteinuria (PCR>100) is taken into account in assessing frequency of monitoring
- It is recommended that stage 3 CKD is divided into those with eGFR above or below 45ml/min/1.73m² with higher frequency of monitoring for those with lower eGFR
- It is recommended that younger patients with stage 3 CKD are referred to a nephrologist.
- ACEi/ARB are only considered first line for patients <55years or with significant proteinuria (PCR>100), for other patients long acting calcium channel blockers or diuretics are appropriate
- It is not recommended that PTH or vitamin D are routinely measured in primary care.

Full consensus statement available at: <http://www.renal.org/CKDguide/consensus.html#Anchor-Bone-3800>

Chronic Kidney disease cannot be diagnosed from a single eGFR. If eGFR is reduced acute renal failure must be excluded

Pathway for Management of CKD 1 & 2



