**Kidney Failure Risk Tools & Referral Pathways**

**Non-Diabetic CKD Management Guidelines**

**Use concomitantly with Kidney Disease Referral Pathway**

- eGFR <30 OR ACR > 100 mg/mmol OR/AND BP > 140/90
  - Y: Refer to Nephrology – see Kidney Disease Referral Pathway
  - N: Follow or refer to Nephrology per Kidney Disease Referral Pathway AND

- Start ACE-I or ARB (unless BP < 110/70) and repeat ACR in 4-6 weeks
  - N: Increase dose of ACE-I or ARB
  - Y: ACR proteinuria normal or reduced ≥ 50%?
    - Y: BP <140/90?
      - Y: Increase dose of ACE-I/ARB and/or add thiazide diuretic
      - N: Increase dose of ACE-I/ARB
    - N: BP <140/90 4-6 weeks later?
      - Y: Add long acting CCB and titrate to max tolerated dose and if required add other meds such as B-blocker or alpha blocker to achieve target.
      - N: Consider consulting Nephrology if target not achieved after patient is on 4 medications or on 3 but intolerant of others.

**Guidelines for using ACE-I and ARB:**
- ACE-I/ARB are absolutely contraindicated in pregnancy. Any pre-menopausal woman on an ACE-I/ARB should be on an appropriate contraceptive method.
- Always check eGFR and serum K prior to and in 1-2 weeks of initiation or increasing dose of ACE-I/ARB.
- Expect up to a 15% decrease in eGFR. If eGFR decreases repeat again in 1-2 weeks and if eGFR decrease is stable continue ACE-I/ARB; if not, repeat eGFR again in 1-2 weeks. If eGFR continues to decrease, STOP ACE-I/ARB.
- IF serum K > 5 advise dietary K restriction.
- IF serum K > 6 advise dietary K restriction +/- prescribe diuretic if tolerated, +/- prescribe K resin binder. If unsuccessful in lowering serum K to < 5.5, DECREASE OR STOP ACE-I/ARB.
- HOLD ACE-I/ARB if patient has severe vomiting/diarrhea, or volume depletion

**Interventions and Targets for Non-Diabetic CKD:**
- Regular exercise program
- Weight loss if obesity
- Cessation of smoking
- Low Sodium Diet (Check food labels)
- Avoid NSAIDS & other nephrotoxins
- Target BP < 140/90
- Consider statin treatment
- Assess medications for potential contraindication in CKD
- Adjust medication dosing for level of eGFR

Disclaimer: MRP pathways and guidelines are not a substitute for the healthcare provider’s clinical judgement in providing the most appropriate care to meet the unique needs of his/her patient.

N.B. See ‘Proteinuria Conversion Table’