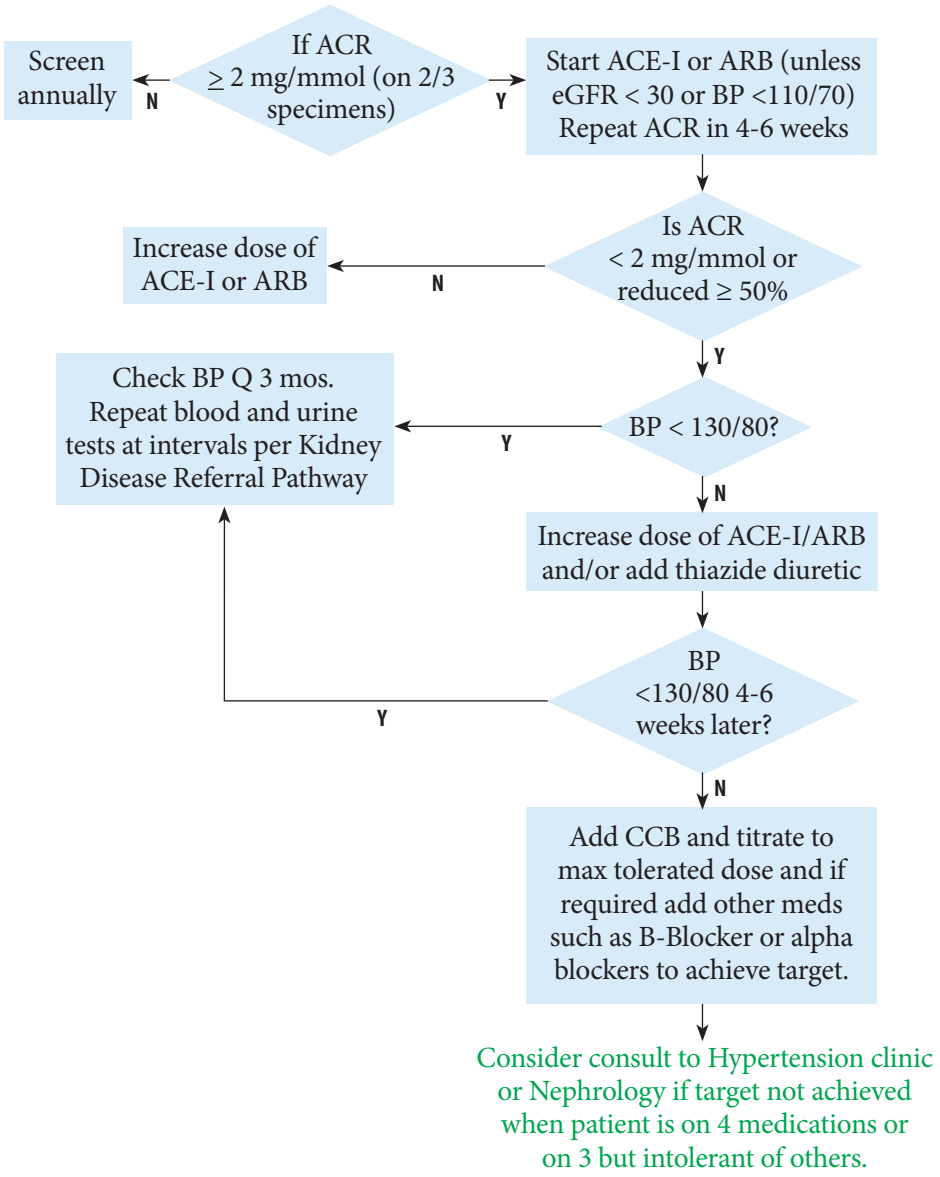
Kidney Failure Risk Tools & Referral Pathways

Diabetic Nephropathy Management Guidelines

kidneyhealth.ca
manitoba renal program

Use concomitantly with Kidney Disease Referral Pathway



Interventions and Targets for Diabetic Nephropathy:

- Regular exercise program
- Weight loss if obesity
- Cessation of smoking
- Low Sodium Diet (Advise check food labels)
- Avoid NSAIDS & other nephrotoxins
- Target BP < 130/80
- Target HgbA1C < 7% (check Q 3 mos)
- Consider statin treatment
- Assess medications for potential contraindication in CKD
- Adjust medication dosing for level of eGFR
- Discontinue metformin for eGFR <30. Use with caution or discontinue for eGFR<60.
- Monitor glucose closely and consider stopping long acting sulfanylurea (eg glyburide) in patients with declining eGFR.

Guidelines for using ACE-I and ARB:

- ACE-I/ARB are absolutely contraindicated in pregnancy. Any pre-menopausal woman on and 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

N.B. See 'Proteinuria Conversion Table'