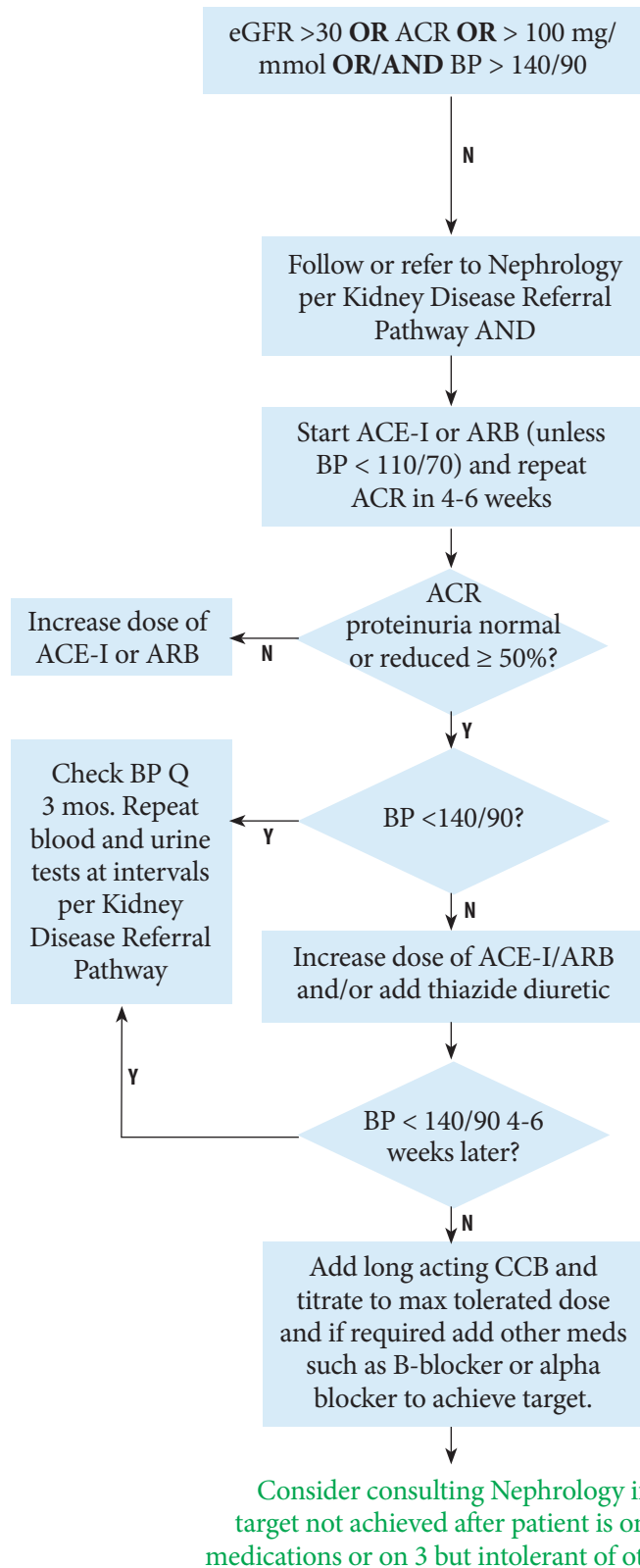


# Kidney Failure Risk Tools & Referral Pathways

## Non-Diabetic CKD Management Guidelines

### Use concomitantly with Kidney Disease Referral Pathway



#### 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'