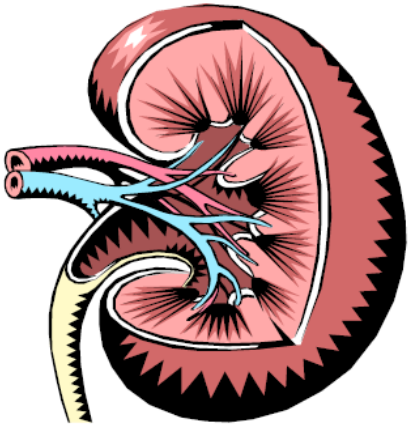
The VA/DoD Clinical Practice Guideline for the Management of Chronic Kidney Disease

Tool Kit

Evidence-Based Practice
US Army Medical Command
Ft Sam Houston, TX 78234-6024
Phone: (210) 221-8740, DSN 471
https://www.QMO.amedd.army.mil

The Chronic Kidney Disease Toolkit

VA/DoD Clinical Practice Guideline for the Management of Chronic Kidney Disease



Tool Kit

- **Provider Support Tools**
- **Patient Self-Management Tools**
- **System Support Tools**

Available at:
https://www.QMO.amedd.army.mil

Provider Support Tools

- Guideline and Summary*
- Champion's Implementation Manual*
- Implementation Worksheets*
- Suggested AHLTA template
- Provider Pocket card**
- Provider Exam Room Cards**
- Nephrology Referral Card**
- Champion Brief*
- National Kidney Disease Education Program Materials*

* Online

** CPG shopping cart

Management of Chronic Kidney Disease (CKD) in Primary Care - VA/DoD Clinical Practice Guideline - Microsoft Internet Explorer

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VA/DoD Clinical Practice Guidelines

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- VA/DoD Clinical Practice Guidelines Home
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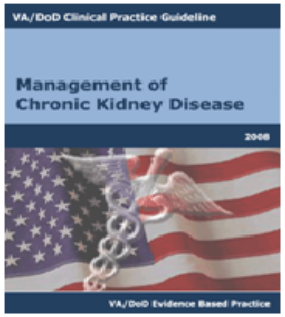
Management of Chronic Kidney Disease (CKD) in Primary Care

The guideline describes the critical decision points in the Management of Chronic Kidney Disease in Primary Care and provides clear and comprehensive evidence based recommendations incorporating current information and practices for practitioners throughout the DoD and VA Health Care systems. The guideline is intended to improve patient outcomes and local management of patients with chronic kidney disease.

The guideline is formatted as two algorithms, with annotations:

- Algorithm A - Management of CKD
- Algorithm B - Screening for CKD



CKD Full Guideline (800 KB, PDF)

CKD Summary (494 KB, PDF)

Variations in practice will inevitably and appropriately occur when providers take into account the needs of individual patients, available resources, and limitations unique to an institution or type of practice. Every healthcare professional making use of these guidelines is responsible for evaluating the appropriateness of applying them in the setting of any clinical situation.

Questions on this website? Contact the CPG Web Team .

http://www.healthquality.va.gov/Chronic_Kidney_Disease_Clinical_Practice_Guideline.asp

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- mild Traumatic Brain Injury
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- Post Deployment Health
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Implementation Documentation
Provider/Patient Material
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Patient Safety

Chronic Kidney Disease

- VA/DoD Guideline
- Metrics
- Provider Material
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Credentialing

Chronic Kidney Disease

- VA/DoD Guideline
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- Provider Material
  - Exam Room Cards
  - Pocket Card
  - Provider Brief
  - NKDEP
    - 4 Key Concepts
    - Explaining eGFR
    - Quick Reference Cards
    - Drug Dosing
    - CME Programs
    - Online Videos
- Pharmacy Material
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- Implementation
- Tool Kit
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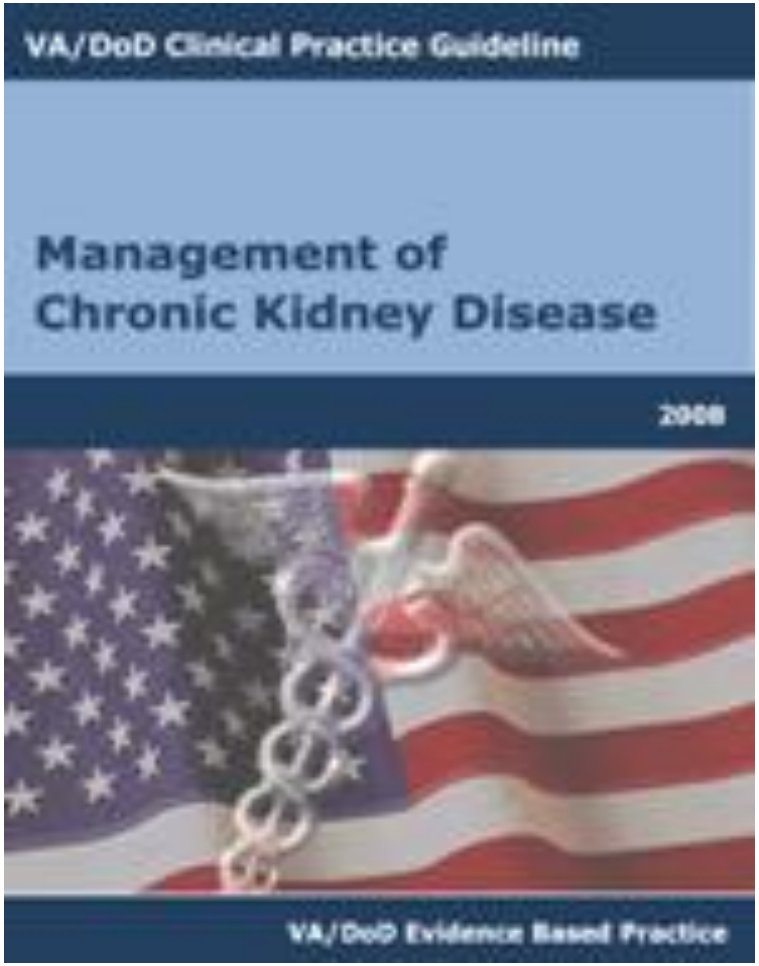
Chronic Kidney Disease Guideline



Available online at:

http://www.healthquality.va.gov/Chronic_Kidney_Disease_Clinical_Practice_Guideline.asp

CKD Guideline Summary

VA/DoD CLINICAL PRACTICE GUIDELINE FOR
MANAGEMENT OF CHRONIC KIDNEY DISEASE IN PRIMARY CARE

Department of Veterans Affairs

Department of Defense

GUIDELINE SUMMARY

Key Elements Addressed by the Guideline

1. Diagnostic criteria and identification of early disease.
2. Identification of susceptibility factors (adult patients at increased risk for developing CKD).
3. Identification of progression factors (adult patients at high risk for worsening kidney damage and subsequent loss of kidney function).
4. Evaluation of patients with kidney disease (estimate of GFR, blood pressure, and assessment of proteinuria as a marker of kidney damage).
5. Slowing the progression of CKD and prevention of conditions that exacerbate chronic disease.
6. Management of comorbidities.
7. Indication for consultation and referral to a nephrologist.
8. Outline of patient education and preparation for kidney replacement therapy.

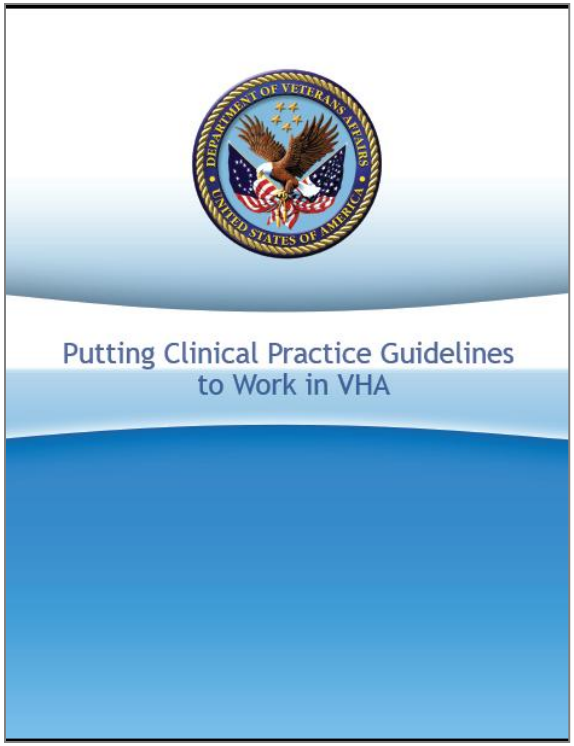
Key Changes in the Update to the 1999 VA/DoD Guideline for ESKD

The revised guideline recommendations continue to support the approach initially advocated in the 1999 version of the VA/DoD guideline for ESKD; however, a goal of the current update is to provide guidance to primary care providers in the management of CKD in the primary care setting. The emphasis of the current guideline has thus shifted away from the management of severe CKD (eGFR <30 ml/min/1.73m^2) and toward the management of earlier stage CKD (eGFR $\geq$ 30 ml/min/1.73m^2). In addition, the evidence published from randomized trials in recent years allowed the Working Group to make firmer recommendations in the following areas:

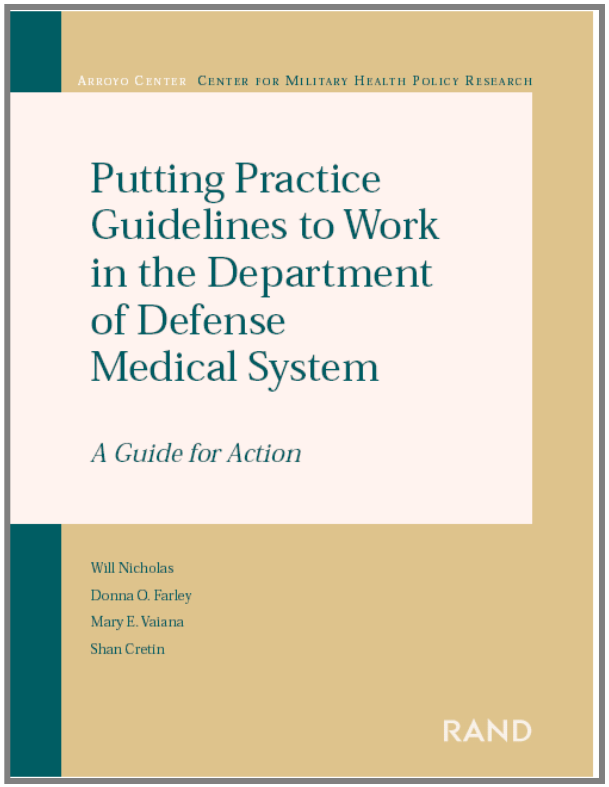
- Diagnostic Workup:
  - Classification of CKD based on eGFR rather than levels of serum creatinine.
- A unified approach to management of common aspects of kidney disease that is not dependent on the underlying etiology of the CKD:
  - Complications of CKD (anemia, cardiovascular disease, dyslipidemia).
  - Strategies to slow the decline of eGFR.

http://www.healthquality.va.gov/Chronic_Kidney_Disease_Clinical_Practice_Guideline.asp

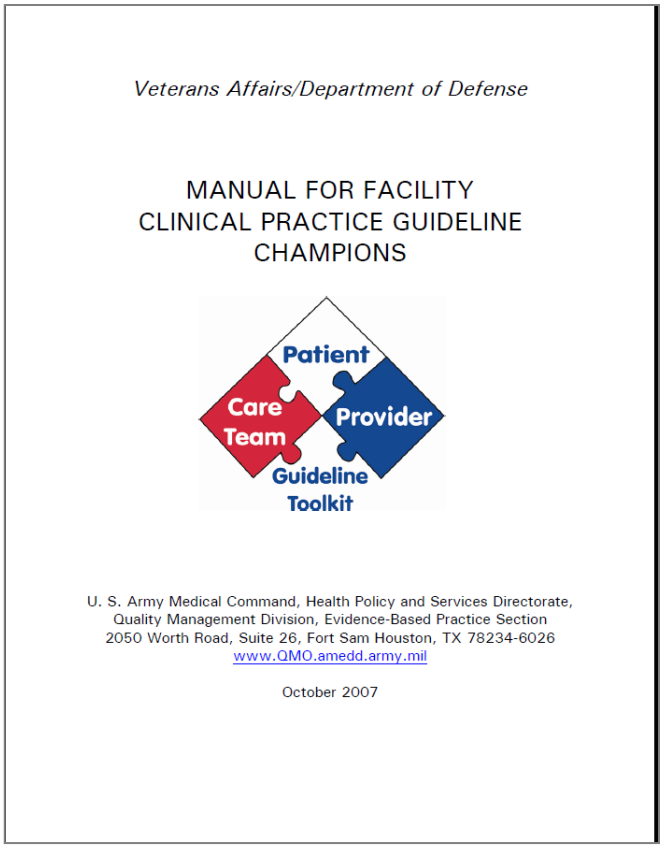
Manuals for Facility Clinical Practice Guideline Champions



VA Implementation Manual



RAND Implementation Manual



DoD Implementation Manual

Available to download at: https://www.QMO.amedd.army.mil

Implementation Worksheets

Worksheet 4. METRICS AND MONITORING
Guideline: Management of Chronic Kidney Disease

Key Guideline Element
Diagnostic criteria and identification of early disease.
Identification of susceptibility factors (adult patients at increased risk for developing CKD).
Identification of progression factors (adult patients at high risk for worsening kidney damage and subsequent loss of kidney function).
Evaluation of patients with kidney disease (estimate of GFR, blood pressure and assessment of proteinuria as a marker of kidney damage).
Slowing the progression of CKD and prevention of conditions that exacerbate chronic disease.
Management of comorbidities..
Indication for consultation and referral to a nephrologist.
Outline of patient education and preparation for kidney replacement therapy.

RAND

Worksheet 3. GANTT CHART OF TIMELINE FOR GUIDELINE IMPLEMENTATION
Guideline: Management of Chronic Kidney Disease

Actio

Introduction &
#IN.__
#IN.__
#IN.__
#IN.__

Practice Chan
#___
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RAND

Worksheet 2A. ACTION PLAN FOR GUIDELINE INTRODUCTION AND STAFF EDUCATION
Guideline: Management of Chronic Kidney Disease

Identify actions
introduction and

Action #IN.__
Action #IN.__
Action #IN.__
Action #IN.__

RAND

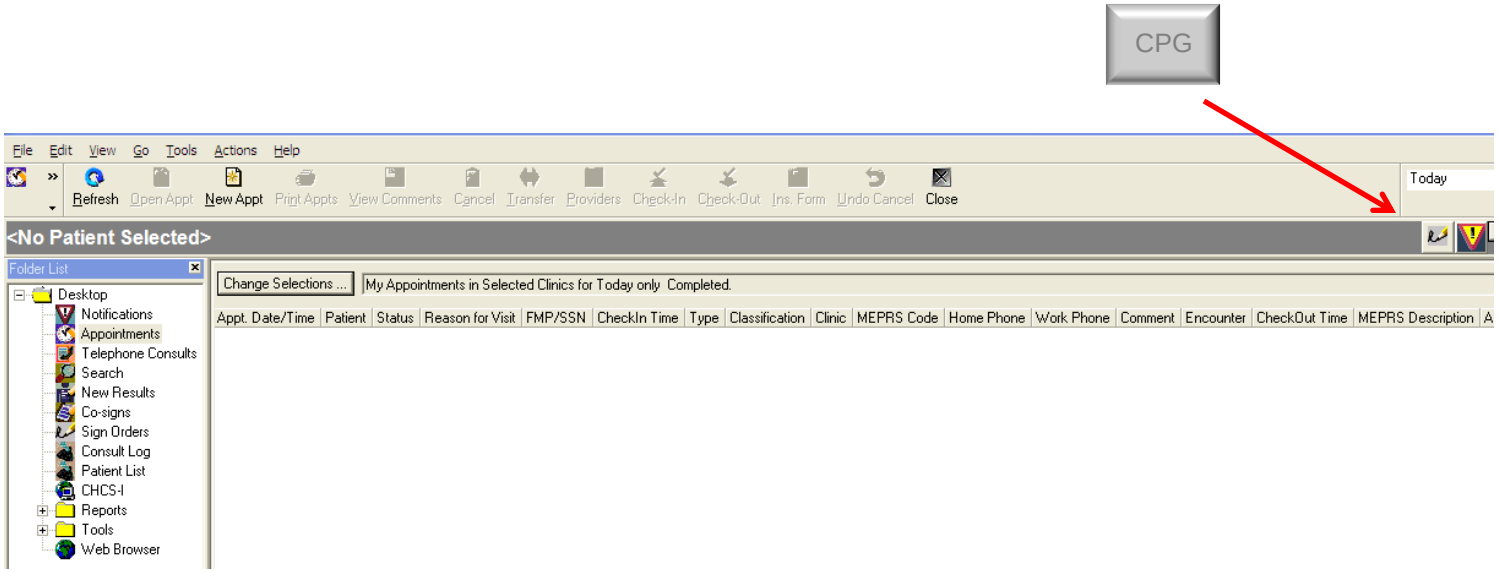
Worksheet 1. IMPLEMENTATION STRATEGY
Guideline: Management of Chronic Kidney Disease

Overall Implementation Strategy/Focus:

Key Guideline Recommendations	Gaps in Current Practices (Planning Step 1)	Action Strategy (Planning Step 3)
Diagnostic criteria and identification of early disease.		
Identification of susceptibility factors (adult patients at increased risk for developing CKD).		
Identification of progression factors (adult patients at high risk for worsening kidney damage and subsequent loss of kidney function).		
Evaluation of patients with kidney disease (estimate of GFR, blood pressure and assessment of proteinuria as a marker of kidney damage).		
Slowing the progression of CKD and prevention of conditions that exacerbate chronic disease.		
Management of comorbidities.		
Indication for consultation and referral to a nephrologist.		
Outline of patient education and preparation for kidney replacement therapy.		

Available to download at: https://www.QMO.amedd.army.mil

Suggested AHLTA Template



Request #1: We would like to add a button called "CPG" to the toolbar on the opening screen that links to the VA/DoD Clinical Practice Guideline website at: http://www.healthquality.va.gov/index.asp

Suggested AHLTA Template

File Edit View Go Tools Actions Help

Refresh Close

Search Criteria

Filter: All Orders | Time... From now back 3 month(s) | Tests: All | ... | Select All Results

Origin	Type	Date Collected	Date Ordered	Date Resulted	Report	Ordering Provider	MTF/Facility	Site/Specimen	Sample
DoD	Standard Lab	10 Sep 2009 0647	10 Sep 2009 0647	10 Sep 2009 0736	Renal Function Panel	CRABTREE, SCOTT	59th Medical Wing Lackland AFB, TX 78236	PLASMA	BLOOD
DoD	Standard Lab	10 Sep 2009 0647	10 Sep 2009 0647	10 Sep 2009 0736	Magnesium	CRABTREE, SCOTT	59th Medical Wing Lackland AFB, TX 78236	PLASMA	BLOOD
DoD	Standard Lab	10 Sep 2009 0647	10 Sep 2009 0647	10 Sep 2009 0710	CBC	CRABTREE, SCOTT	59th Medical Wing Lackland AFB, TX 78236	BLOOD	BLOOD
DoD	Standard Lab	09 Sep 2009 1409	09 Sep 2009 1410	09 Sep 2009 1601	Vancomycin Random	SHAW, DAVID	59th Medical Wing Lackland AFB, TX 78236	SERUM	BLOOD
DoD	Standard Lab	09 Sep 2009 0645	09 Sep 2009 0235	09 Sep 2009 0750	Renal Function Panel	CRABTREE, SCOTT	59th Medical Wing Lackland AFB, TX 78236	PLASMA	BLOOD
DoD	Standard Lab	09 Sep 2009 0645	09 Sep 2009 0235	09 Sep 2009 0750	Magnesium	CRABTREE, SCOTT	59th Medical Wing Lackland AFB, TX 78236	PLASMA	BLOOD
DoD	Standard Lab	09 Sep 2009 0645	09 Sep 2009 0235	09 Sep 2009 0708	CBC				BLOOD
DoD	Standard Lab	08 Sep 2009 1312	08 Sep 2009 1312	08 Sep 2009 1524	Gentamic				BLOOD
DoD	Standard Lab	08 Sep 2009 0935	08 Sep 2009 1033	08 Sep 2009 1047	Protein S				URN/RAN
DoD	Standard Lab	08 Sep 2009 0935	08 Sep 2009 0935	08 Sep 2009 1033	Urinalysis				URN/RAN
DoD	Standard Lab	08 Sep 2009 0935	08 Sep 2009 0935	08 Sep 2009 1034	Vancomy				BLOOD

Display Criteria

Ref Range/Units | Vertical | Horizontal | Display All Results For The Selected Te

Test / Result Name	Calcium	Carbon Dioxide	Chloride	Creatinine	on-Black	GFR Black
Site/Specimen	PLASMA	PLASMA	PLASMA	PLASMA	A	PLASMA
Collection Date / Result Values	7.6 ???? <i>	19 ???? <i>	100.0	5.00 ???? <i>	??	14.6 ???? <i>

Interpretations, Comments, and Amendments

Interpretation:

```
Performed by:
BAMC LAB
3851 ROGER BROOKE DR
SAN ANTONIO TX. 78234-6200
210-916-6813
```

Comments/Amendments:

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Request #2: We would like to add the following statement to the beginning of the text that appears when one clicks on an abnormal serum creatinine:
"Refer to the VA/DoD Clinical Practice Guideline for the Management of Chronic Kidney Disease At: http://www.healthquality.va.gov/Chronic_Kidney_Disease_Clinical_Practice_Guideline.asp"

Suggested AHLTA Template

File Edit View Go Tools Actions Help

Refresh Close

Search Criteria

Filter: All Orders | Time... From now back 3 month(s) | Tests: All | ... | Select All Results

Origin	Type	Date Collected	Date Ordered	Date Resulted	Report	Ordering Provider	MTF/Facility	Site/Specimen	Sample
DoD	Standard Lab	10 Sep 2009 0647	10 Sep 2009 0647	10 Sep 2009 0736	Renal Function Panel	CRABTREE, SCOTT	59th Medical Wing Lackland AFB, TX 78236	PLASMA	BLOOD
DoD	Standard Lab	10 Sep 2009 0647	10 Sep 2009 0647	10 Sep 2009 0736	Magnesium	CRABTREE, SCOTT	59th Medical Wing Lackland AFB, TX 78236	PLASMA	BLOOD
DoD	Standard Lab	10 Sep 2009 0647	10 Sep 2009 0647	10 Sep 2009 0710	CBC	CRABTREE, SCOTT	59th Medical Wing Lackland AFB, TX 78236	BLOOD	BLOOD
DoD	Standard Lab	09 Sep 2009 1409	09 Sep 2009 1410	[illegible]	[illegible]	[illegible]	[illegible], TX 78236	SERUM	BLOOD
DoD	Standard Lab	09 Sep 2009 0645	09 Sep 2009 0235	[illegible]	[illegible]	[illegible]	[illegible], TX 78236	PLASMA	BLOOD
DoD	Standard Lab	09 Sep 2009 0645	09 Sep 2009 0235	[illegible]	[illegible]	[illegible]	[illegible], TX 78236	PLASMA	BLOOD
DoD	Standard Lab	09 Sep 2009 0645	09 Sep 2009 0235	[illegible]	[illegible]	[illegible]	[illegible], TX 78236	BLOOD	BLOOD
DoD	Standard Lab	08 Sep 2009 1312	08 Sep 2009 1312	[illegible]	[illegible]	[illegible]	[illegible], TX 78236	SERUM	BLOOD
DoD	Standard Lab	08 Sep 2009 0935	08 Sep 2009 1033	[illegible]	[illegible]	[illegible]	[illegible], TX 78236	URINE	URN/RAN
DoD	Standard Lab	08 Sep 2009 0935	08 Sep 2009 0935	[illegible]	[illegible]	[illegible]	[illegible], TX 78236	URINE	URN/RAN
DoD	Standard Lab	08 Sep 2009 0935	08 Sep 2009 0935	[illegible]	[illegible]	[illegible]	[illegible], TX 78236	SERUM	BLOOD

Display Criteria

Ref Range/Units | Vertical | Horizontal | Display All

Test / Result Name	Calcium	Carbon Dioxide	[illegible]	Lipemia Index	GFR Non-Black	GFR Black
Site/Specimen	PLASMA	PLASMA	[illegible]	PLASMA	PLASMA	PLASMA
Collection Date / Result Values	7.6 ???? <i>	19 ???? <i>	[illegible]	NORMAL <i>	12.1 ????	14.6 ???? <i>

Interpretations, Comments, and Amendments

Interpretation:

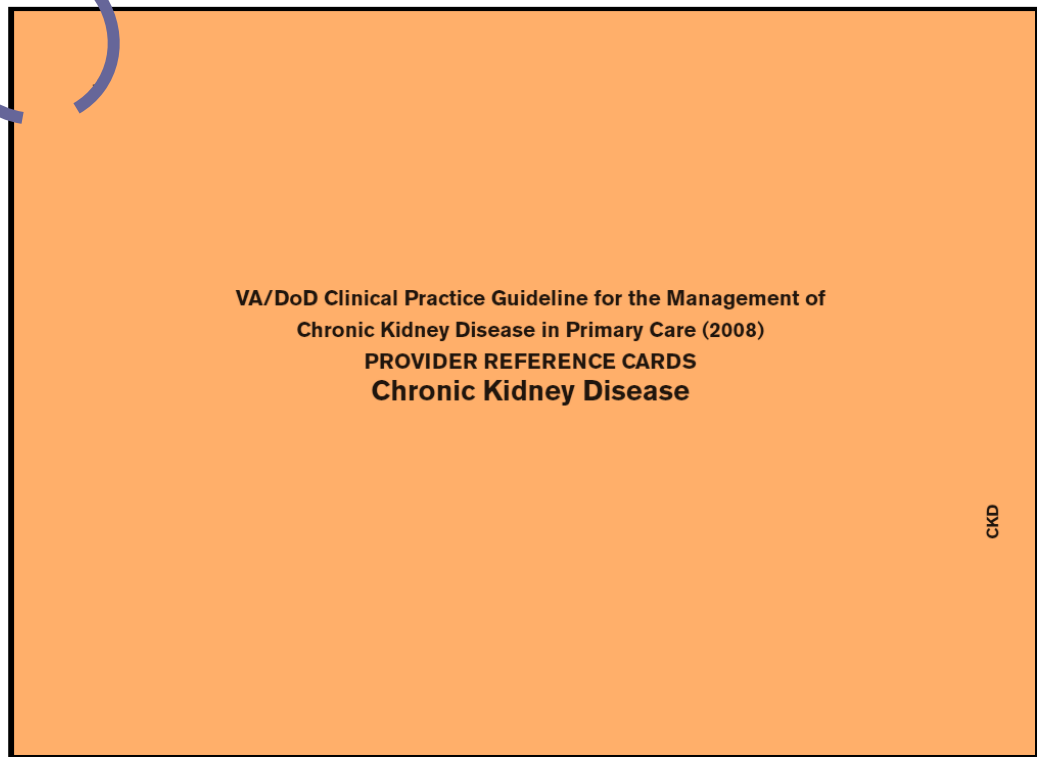
```
Use the GFR-BLACK value for black patients.
Use the GFR-NONBLK value for all other patients.

GFR <60 cc/min indicates that significant renal disease is present and
warrants a referral to a nephrologist.
GFR >/= 60c/min with other evidence of renal dysfunction (e.g. proteinuria,
hematuria) may indicate significant renal disease and warrants a
referral to a nephrologist.
GFR >/= 60 cc/min without other evidence of renal dysfunction is considered
normal.

This is an estimated GFR using the modified MDRD equation, which takes into
```

Comments/Amendments:

Close

Request #3: We would like to add the following statement to the beginning of the text that appears when one clicks on an abnormal GFR:
"Refer to the VA/DoD Clinical Practice Guideline for the Management of Chronic Kidney Disease At: http://www.healthquality.va.gov/Chronic_Kidney_Disease_Clinical_Practice_Guideline.asp"

Provider Exam Room Cards



- Key Elements
- Algorithm for The Management of CKD
- Classification of CKD
- Screening Algorithm for CKD
- Indications for Nephrology referral
- Pharmacotherapy

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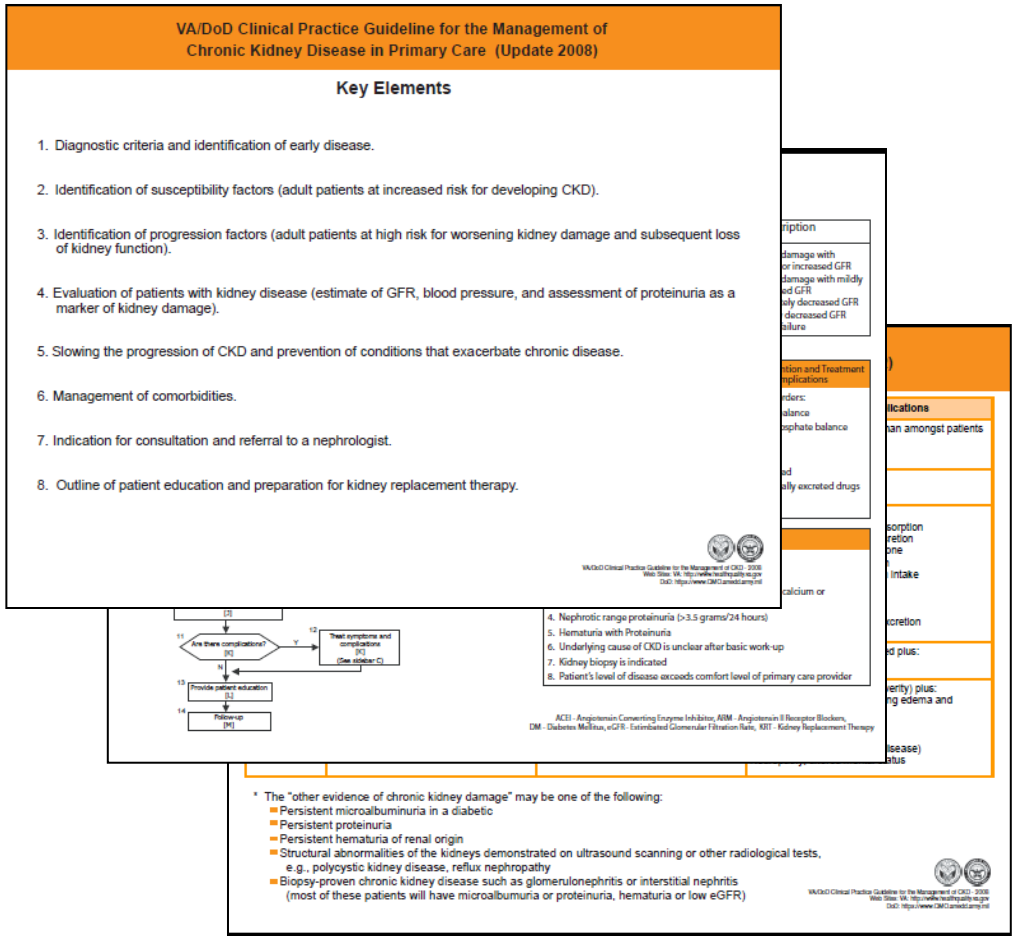
Provider Exam Room Cards



VA/DoD Clinical Practice Guideline for the Management of Chronic Kidney Disease in Primary Care (Update 2008)

Key Elements

1. Diagnostic criteria and identification of early disease.
2. Identification of susceptibility factors (adult patients at increased risk for developing CKD).
3. Identification of progression factors (adult patients at high risk for worsening kidney damage and subsequent loss of kidney function).
4. Evaluation of patients with kidney disease (estimate of GFR, blood pressure, and assessment of proteinuria as a marker of kidney damage).
5. Slowing the progression of CKD and prevention of conditions that exacerbate chronic disease.
6. Management of comorbidities.
7. Indication for consultation and referral to a nephrologist.
8. Outline of patient education and preparation for kidney replacement therapy.

- Key Elements
- Algorithm for The Management of CKD
- Classification of CKD
- Screening algorithm for CKD
- Indications for Nephrology referral
- Pharmacotherapy

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Provider Pocket Card

Management of Chronic Kidney Disease Treatment Algorithm

and

Indications for Referral

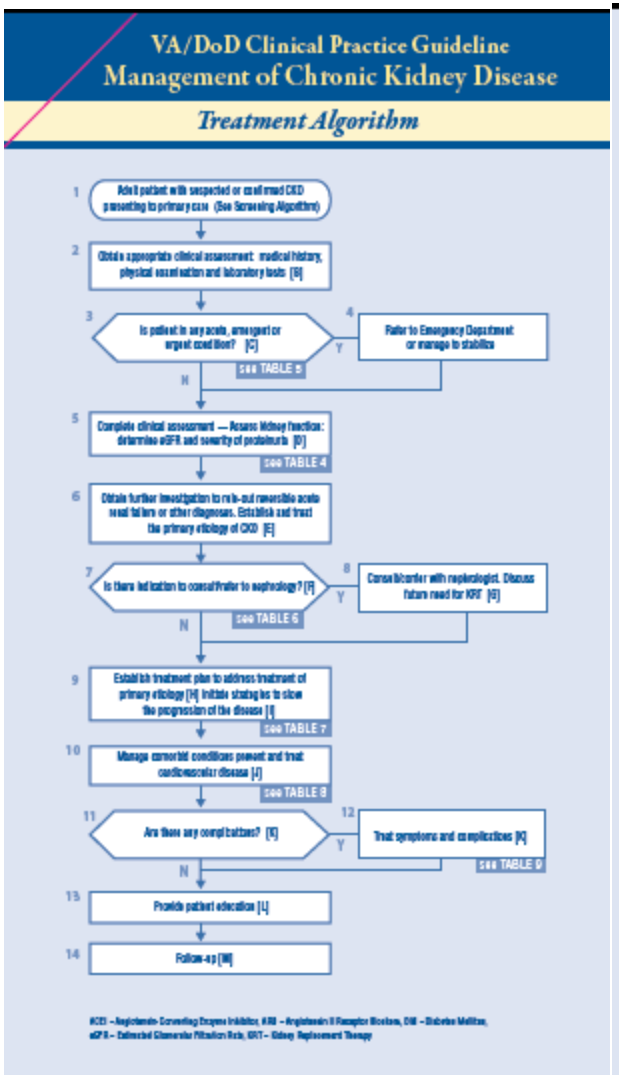

TABLE 4 | Stages of Chronic Kidney Disease

Stage	eGFR (ml/min/1.73m2)	Description	Action
1	≥ 90	Kidney damage with normal or increased eGFR	Diagnosis and treatment of comorbid conditions, slow progression, CVD risk reduction
2	60-89	Kidney damage with mildly decreased eGFR	Estimating progression
3	30-59	Moderately decreased eGFR	Evaluating and treating complications
4	15-29	Severely decreased eGFR	Preparation for kidney replacement therapy
5	<15 or dialysis	Kidney failure	Replacement (if uremia present)

TABLE 5 | Urgent/Emergent Conditions

a. Acute renal failure
b. Fluid overload, especially pulmonary edema
c. Hyperkalemia (potassium ≥ 6.0 mEq/L)
d. Metabolic acidosis (bicarbonate ≤ 16 mEq/L)
e. Pericarditis
f. Encephalopathy
g. Signs symptoms of uremia (nausea, vomiting, and anorexia)

TABLE 6 | Indications for Nephrology Referral/Consultation

1. eGFR < 30 ml/min/1.73m2
2. Rapid decline of eGFR
3. Severe complications of CKD (e.g., recalcitrant anemia, calcium or phosphorus abnormalities)
4. Nephrotic range proteinuria (> 3.5 grams/24 hours)
5. Underlying cause of CKD is unclear after basic work-up
6. Kidney biopsy is indicated
7. Patient's level of disease exceeds the level of comfort of the primary care provider

Available on the CPG shopping cart at: https://www.QMO.amedd.army.mil

Provider Card: Indications to Refer to Nephrology

URINE RESULTS	BLOOD RESULTS			
		eGFR > 60	eGFR 30 - 59	eGFR < 30
	Protein < 1 gram/day without hematuria	Reassess patient annually with eGFR and urine protein determination	Manage according to recommendations for non-diabetic renal disease according to stage of disease. Consider one time referral to a renal specialist.	Refer to Renal Specialist
	Protein 1 - 3 grams/day without hematuria	Consider diabetic nephropathy. If confirmed: - Offer ACE inhibitor (or ARB if intolerant) unless contraindications. - Treat blood pressure (aim for 120 - 129/<80mmHg). - Treat HbA1c to target. - Treat Hyperlipidemia to target. - Continue to monitor eGFR and urine protein excretions at least annually. If diabetic nephropathy is unlikely, consider referral to a renal specialist.		
	Protein >1 gram/day with hematuria	Refer to Renal Specialist		
	Protein >3 grams/day with or without hematuria			

Available on the CPG shopping cart at: https://www.QMO.amedd.army.mil

Champion Brief

VA/DoD Clinical Practice Guideline for the Management of Chronic Kidney Disease in Primary Care (2008) Update

USA Medical Command
Quality Management Division
Office of Evidence-Based Practice
Fort Sam Houston, Texas 78234

Available to download at: https://www.QMO.amedd.army.mil

National Kidney Disease Education Program (NKDEP)

National Kidney Disease Education Program - Microsoft Internet Explorer

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NKDEP
National Kidney Disease Education Program

Make the kidney connection.
Know the risks. Protect your kidneys.

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- Patients & Public
- Health Professionals
- Laboratory Professionals
- Resources
- News & Events
- About NKDEP

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Kidney Disease: Are You at Risk?

You are at risk for kidney disease if you have diabetes, high blood pressure, heart disease, or a family history of kidney failure.

- Learn more about kidney disease, testing, and treatment
- Talking to your doctor about kidney disease
- Make the Kidney Connection at Your Family Reunion
- View or download brochures and fact sheets

Kidney Disease and the Flu

Kidney disease puts you at high risk for flu complications. Get vaccinated.

Know what to do about the flu.

LEARN MORE AT FLU.GOV

World Kidney Day is March 11

NIDDK Director recognizes World Kidney Day.

World Kidney Day 11 March 2010

Learn more.

Tools and Resources for Health Professionals

Tools and resources to help coordinate care and improve patient outcomes for kidney disease.

- Federal CKD Matrix
- GFR Calculators
- Explaining Your Kidney Test Results Tear-Pad
- Quick Reference on UACR and GFR

More information on kidney disease for Health Professionals.

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Site Last Reviewed/Updated March 2010

Internet

http://www.nkdep.nih.gov/index.htm

Provider Tools-NKDEP

CKD Overview - NKDEP - Microsoft Internet Explorer

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SEARCH NKDEP: Go

Home > Health Professionals

Health Professionals

Chronic Kidney Disease (CKD) Overview

CKD is a growing epidemic. However, economical and effective testing and treatment exist.

- **Definition:** What is CKD?
- **Risk Factors:** Who is at risk for CKD?
- **Prevention:** How can I help my patients slow chronic kidney disease and prevent kidney failure?
- **Diagnosis:** How do I test my patients for CKD?
- **Treatment:** What can I offer my patients with CKD?

Educating Patients about CKD

Short videos demonstrating patient-provider interactions.

Watch now.

Tools & Resources

NKDEP assists practitioners by providing an array of resources and tools.

- *CKD and Drug Dosing: Information for Providers* **(New)**
- Explaining GFR: A Tear-Off Pad for Clinical Use | Adobe PDF (919K) **(New)**
  Now available in Spanish | Adobe PDF (384K) **(New)**
- Continuing Medical Education **(New)**
- GFR Calculators - for adults (Original MDRD and IDMS-Traceable MDRD) and children
- Selecting the Correct Child Calculator
- Frequently Asked Questions About Estimated GFR Values
- Quick Reference on UACR and GFR | Adobe PDF (173K) **(New)**
- Consult Letter Template - for nephrologists to facilitate communication with PCPs
- CKD Quick Reference Card | Adobe PDF (137K)
- Body Mass Index (BMI) Calculator

Clinical Practice Guidelines

NKDEP provides practical guidance for optimal patient care in the treatment of: cholesterol, chronic kidney disease, diabetic nephropathy, hypertension, and nutrition.

http://www.nkdep.nih.gov/professionals/index.htm

NKDEP Provider Tools on CPG Shopping Cart

- National Kidney Disease Education Program Materials**
  - Explaining GFR
  - 4 Concepts and Talking Points
  - Quick Reference on UACR and GFR
  - Video on patient/provider interactions

** CPG shopping cart

Provider Tools- NKDEP

Drug Dosing Information

NKDEP National Kidney Disease Education Program

NIDDK NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

Chronic Kidney Disease and Drug Dosing: Information for Providers

(Revised January 2010)

Estimation of Kidney Function for Prescription Medication Dosage in Adults

Knowledge of kidney function is important for dosage of medications that are excreted by the kidneys. Food and Drug Administration (FDA)-approved drug-labeling guides provide adjustments of drug dosages for patients with impaired kidney function. On these labels, serum creatinine; measured creatinine clearance (CrCl); or, most commonly, estimated creatinine clearance using the Cockcroft-Gault equation (eCrCl) are used to estimate kidney function. For most drugs, these labels were developed prior to standardized calibration of creatinine assays and reporting estimated glomerular filtration rate (eGFR) calculated using the Modification of Diet in Renal Disease (MDRD) Study equation.[1] This document describes the National Kidney Disease Education Program's (NKDEP) suggestions and rationales for assessment of kidney function for drug-dosing purposes.

NKDEP's Suggested Approach to Drug Dosing

Historically, there has been substantial variability in serum creatinine values reported by different clinical laboratory creatinine methods. Consequently, pharmacokinetic (PK) studies performed using non-standardized creatinine methods obtained results that were dependent upon the particular creatinine method used in a given PK study. The results from the PK studies were incorporated into FDA drug labels. As such, the PK studies' recommended drug dosages (i.e., the FDA drug labels) were inconsistently translated into clinical practice due to the variability among creatinine methods used in different laboratories.

Use of standardized creatinine methods will lead to less variation in estimating kidney function and more consistent drug dosing. For some drugs, the FDA or manufacturers may decide to perform studies to re-express drug labeling for standardized creatinine values. However, it will not be possible to re-express all current drug-dosing recommendations for use with standardized creatinine values.

A large simulation study compared eGFR and eCrCl calculated from standardized creatinine values to each other and to gold-standard measurements of GFR. The results suggested that for the majority of patients and for most drugs tested, there was little difference in the drug dose that would be administered using either equation to estimate kidney function.[2] Based on these and other considerations, we suggest the following:

- Use of a single kidney function estimate to guide detection, evaluation, and management of chronic kidney disease (CKD) and drug dosing is likely to facilitate delivery of high-quality health care.
- Utilize eGFR or eCrCl for drug dosing.

1

http://www.nkdep.nih.gov/professionals/CKD_DrugDosing_508.pdf

Provider Tools-NKDEP Explaining GFR**

Page 2

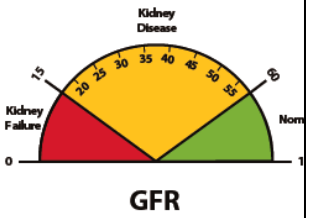
NKDEP National Kidney Disease Education Program

How well are your kidneys working?

Your kidney test result

On _____, your GFR was _____.
Date

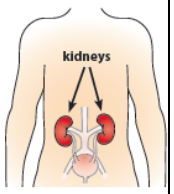
- ☐ A GFR of *60 or higher* is in the normal range.
- ☐ A GFR *below 60* may mean kidney disease.
- ☐ A GFR of *15 or lower* may mean kidney failure.



Your GFR should be checked again on _____.
Date

What your kidneys do

You have two kidneys. Their main job is to filter waste and extra water out of your blood and make urine.



How your kidneys are checked

A blood test helps to measure your glomerular filtration rate or GFR. This tells how well your kidneys are filtering. Your health care provider should also do a urine test to check your kidneys.

Why your kidneys are being checked

You can't feel kidney disease. That's why you need to have your kidneys checked. This is very important for people who have diabetes, high blood pressure, or heart disease.

See next page for steps you can take to keep your kidneys healthy.

For more information, visit *www.nkdep.nih.gov* or call 1-866-4 KIDNEY (1-866-454-3639).
The National Kidney Disease Education Program is an initiative of the National Institutes of Health.

NIH Publication No. 08-6220 • May 2008

NKDEP National Kidney Disease Education Program

How to keep your kidneys healthy

No matter what your GFR result is:

- Keep your blood pressure below 130/80 mmHg.
- Keep your blood glucose and blood cholesterol in your target range.
- Eat healthy and cut back on salt.
- Be physically active.
- Stop smoking.
- Take medicines the way your provider tells you to.

☐ If your GFR is 60 or higher

A GFR of *60 or higher* is in the normal range. You should:

- Keep getting checked for kidney disease because you are still at risk.

Two tests for kidney disease

1. A blood test to measure GFR.
2. A urine test to check for protein. Protein can leak into the urine when the kidneys are damaged.

☐ If your GFR is below 60

A GFR *below 60* may mean kidney disease. You can't raise your GFR, but you can take these steps to try to keep it from getting lower.

- Ask about medicines that can help protect your kidneys.
- Follow a diet that can help slow down kidney disease. Ask to see a dietitian or nutritionist.
- Keep getting blood and urine tests to monitor your kidneys.

It's important to take steps to slow kidney disease *before* a lot of damage is done. If your kidneys fail, dialysis and a kidney transplant are the only options. Work with your provider on the best treatment plan for you.

Notes: _____

For more information, visit *www.nkdep.nih.gov* or call 1-866-4 KIDNEY (1-866-454-3639).
The National Kidney Disease Education Program is an initiative of the National Institutes of Health.

Page 3

5
bout Chronic Kidney Disease

Points

Explain the progressive nature of CKD and he basics of treatment.

KD get better? CKD usually will not get better likely to get worse. Treatment helps slow disease and keep the kidneys healthier longer.

s CKD treated? Treatment includes keeping pressure below 130/80 mmHg, diet counseling ce salt and excessive protein, and controlling sugar if you have diabetes.

ere medications for CKD? People with CKD ake medicines to lower blood pressure, control sugar, and lower blood cholesterol. Two types od pressure medications—ACE inhibitors and —can slow CKD and delay kidney failure, n people who do not have high blood pressure.

Begin to speak about dialysis nd transplantation.

ever need dialysis? With proper management, ay never need dialysis or, at least, not for a very me. But if your kidneys fail, we will need to e a treatment that can replace the job of your s. There are two types of dialysis—one is done e daily and the other is done in a dialysis center imes a week.

ey transplant an option? You may be able to e a kidney transplant. The donated kidney can from an anonymous donor who has recently r from a living person. A kidney transplant is ment—not a cure.

ad, visit www.nkdep.nih.gov or

al Institutes of Health.

NIH Publication No. 08-6220 • May 2008

http://www.nkdep.nih.gov/resources/GFR_Pad_PatientandProvider_508.pdf

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Provider Tools – NKDEP

Patient Education – 4 Concepts and Talking Points**

Page 3

U.S. Department of Health and Human Services
National Institutes of Health

For Providers

Educating Patients About Chronic Kidney Disease

Four Key Concepts and Talking Points

1 Talk to patients about their kidneys, CKD, and their risk.

What is CKD? CKD (chronic kidney disease) means the kidneys are damaged and may no longer filter blood well. This damage happens over many years. As more damage occurs, the kidneys are unable to keep the body healthy—then dialysis or a kidney transplant may be needed.

How can I lower my risk for CKD? The steps you take to manage your diabetes and high blood pressure also help protect your kidneys. Diet, quitting smoking, and exercise are all important steps.

2 Communicate the importance of testing and how CKD is diagnosed.

What are the symptoms of CKD? Most people with CKD have no symptoms until their kidneys are about to fail. The only way to know if you have kidney disease is to get tested. The sooner kidney disease is found, the sooner you can take steps to begin treatment and keep your kidneys healthier longer.

How do you check for CKD? A blood test and a urine test are used to find kidney disease. Because you are at risk, you should get these tests regularly:

GFR—A blood test measures how much blood your kidneys filter each minute, which is known as your glomerular filtration rate (GFR).

Urine Protein—A urine test checks for protein in your urine. Protein can leak into the urine when the filters in the kidneys are damaged.

3 Explain the progressive nature of CKD and the basics of treatment.

Can CKD get better? CKD usually will not get better and is likely to get worse. Treatment helps slow kidney disease and keep the kidneys healthier longer.

How is CKD treated? Treatment includes keeping blood pressure below 130/80 mmHg, diet counseling to reduce salt and excessive protein, and controlling blood sugar if you have diabetes.

Are there medications for CKD? People with CKD often take medicines to lower blood pressure, control blood sugar, and lower blood cholesterol. Two types of blood pressure medications—ACE inhibitors and ARBs—can slow CKD and delay kidney failure, even in people who do not have high blood pressure.

4 Begin to speak about dialysis and transplantation.

Will I ever need dialysis? With proper management, you may never need dialysis or, at least, not for a very long time. But if your kidneys fail, we will need to choose a treatment that can replace the job of your kidneys. There are two types of dialysis—one is done at home daily and the other is done in a dialysis center three times a week.

Is kidney transplant an option? You may be able to receive a kidney transplant. The donated kidney can come from an anonymous donor who has recently died or from a living person. A kidney transplant is a treatment—not a cure.

For a more detailed version of these talking points or to order this tear-off pad, visit *www.nkdep.nih.gov* or call 1-866-4 KIDNEY (1-866-454-3639).

The National Kidney Disease Education Program is an initiative of the National Institutes of Health.

NIH Publication No. 08-6720 • May 2008

http://www.nkdep.nih.gov/resources/GFR_Pad_Patient and Provider_508.pdf

* Online

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Provider Tools – NKDEP

Patient Education – 4 Key Concepts

NKDEP
National Kidney Disease Education Program

Key Concepts for Kidney Disease Education: Concept 1

1. Talk to patients about the kidneys, diabetic kidney disease (DKD), and their risk. Often patients do not have a good understanding of how their kidneys function and of their risk for DKD.

What do the kidneys do? *You have two kidneys. They are bean-shaped, and about the size of a fist. They are located in the middle of your back, on the left and right of your spine. Each kidney contains about a million tiny filters made up of blood vessels. The kidneys' main job is to filter your blood, removing waste and extra water to make urine. The kidneys also help control blood pressure and make hormones that your body needs to stay healthy.*

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Key Concepts for Kidney Disease Education: Concept 2

2. Communicate the importance of testing and how kidney disease is diagnosed. This can empower patients to become more active in monitoring their kidney health.

What are the symptoms of kidney disease? *Kidney disease is often called a "silent" disease because most people have no symptoms until their kidneys are about to fail. The only way to know if you have kidney disease is to get tested. The sooner kidney disease is found, the sooner you can take steps to begin treatment and keep your kidneys healthier longer.*

How do you check for kidney disease? *A blood test and a urine test are used to find kidney disease. Because you have diabetes, you should get these tests every year.*[1]

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  known as yo
  working. A
  kidney disea
- ***Urine Prote***
  disease. Pra
  has several
  "microalbu

Read NKDEP's
http://www.nkd

[1] ADA recommends
years or more.

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National Kidney Disease Education Program

Key Concepts for Kidney Disease Education: Concept 3

3. Explain the progressive nature of diabetic kidney disease (DKD) and the basics of treatment. Patients should understand that kidney damage is irreversible but that treatment can help delay or prevent kidney failure. The treatments are similar to those of diabetes and its complications.

Can kidney disease get better? *DKD is a progressive disease, which means it will not get better and is likely to get worse. The damage in the kidneys tends to be permanent and can't be undone. Treatment for DKD helps slow kidney disease and keep the kidneys healthier longer.*

What type of diet and lifestyle changes do I need to make? *Eating healthy, being active, and limiting use of salt can help keep the kidneys healthier longer. Following a personalized diet developed by a nutrition professional is also important.*

Are there medications for kidney disease? *Your health care provider will figure out which medications you should take to manage your diabetes, lower your blood pressure, and protect your kidneys. Two types of blood pressure medications—ACE inhibitors and ARBs—have been shown to slow kidney disease and delay kidney failure, even in people who do not have high blood pressure. Many people need to take two or more medications to keep their blood pressure below recommended levels (130/80 mmHg). A diuretic (water pill) is often necessary.*

3

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National Kidney Disease Education Program

Key Concepts for Kidney Disease Education: Concept 4

4. Begin speaking to patients with diabetic kidney disease (DKD) about dialysis and transplantation. Patients who develop kidney failure benefit from early education about dialysis and transplantation. Early education gives them time to process the information and prepare both psychologically and physically, e.g., vascular access preparation and transplantation evaluation.

Will I ever need dialysis? *With proper diabetes management and blood pressure monitoring, you may never need dialysis or, at least, not for a long time. But, if you progress to kidney failure (sometimes called end-stage renal disease, or ESRD), we will need to find a treatment that can replace the job of your kidneys.*

What is dialysis? *Dialysis replaces the work your kidneys do by filtering waste and water from your blood. There are two forms of dialysis. In* ***hemodialysis****, blood is run through an external filter and the clean blood is returned to the body. Hemodialysis is usually done at a dialysis center three times a week.* ***Peritoneal dialysis*** *uses the lining of your abdominal cavity (the space in your body that holds organs like the stomach, intestines, and liver) to filter your blood. This kind of dialysis is needed daily but it can be done at home, while you sleep.*

Is kidney transplant an option? *Some people with kidney failure may be able to receive a kidney transplant. The donated kidney can come from an anonymous donor who has recently died, or from a living person—a relative, spouse, or friend. A kidney transplant is a treatment—not a cure. You will need to see your health care provider regularly and take medications as long as you have the transplant.*

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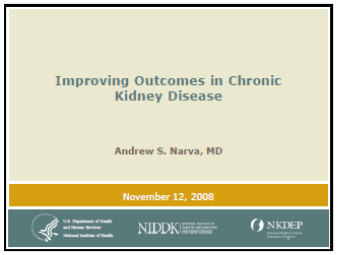
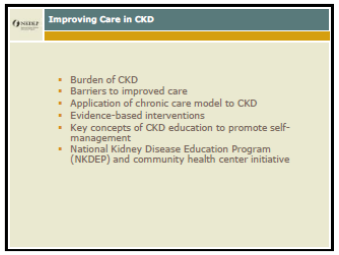
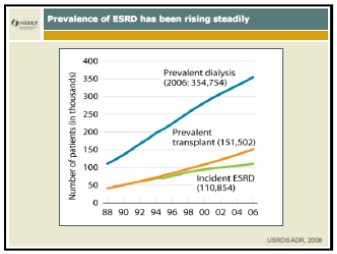
http://www.nkdep.nih.gov/professionals/patienteducation/KidneyDiseaseEducation_KeyConcepts.pdf

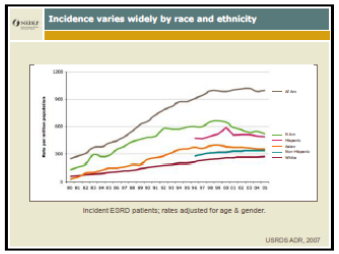
Provider Tools – NKDEP CME Programs

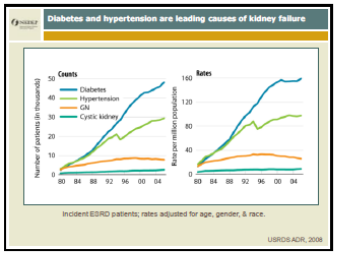
11/12/2008

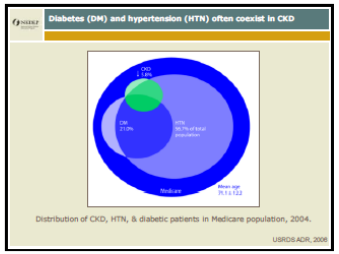


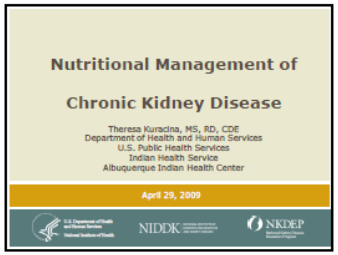


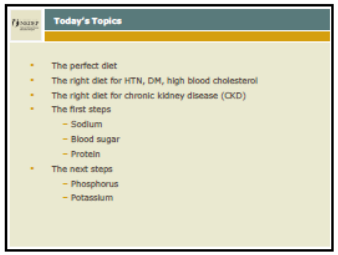


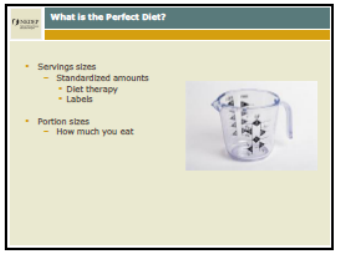


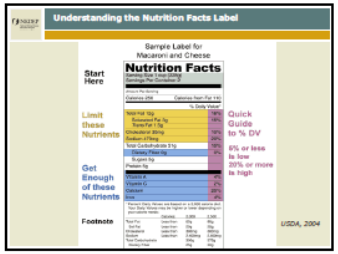












http://www.nkdep.nih.gov/professionals/ckdwebinar.htm

Provider Tools – NKDEP
Quick Reference on UACR and GFR**

NKDEP
National Kidney Disease Education Program

Urine Albumin-to-Creatinine Ratio (UACR)

In Evaluating Patients with Diabetes for Kidney Disease

The two key markers for kidney disease are urine albumin and estimated glomerular filtration rate (eGFR).

For patients with type 1 diabetes for 5 years or more or with type 2 diabetes, the American Diabetes Association and the National Kidney Disease Education Program (NKDEP) recommend that health care professionals:

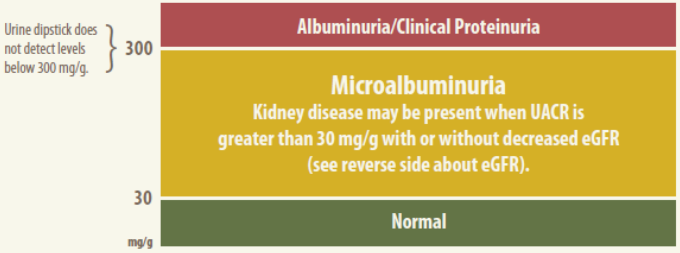
- Assess urine albumin excretion yearly to diagnose and monitor kidney damage. More frequent monitoring may be indicated in patients with changing clinical status or after therapeutic interventions.
- Screen using a spot UACR. UACR estimates 24-hour urine albumin excretion. 24-hour collection and timed specimens are not necessary.

Reducing urine albumin to the normal or near-normal range may improve renal and cardiovascular prognoses.

$$\frac{\text{Urine albumin (mg/dL)}}{\text{Urine creatinine (g/dL)}} = \text{UACR in mg/g} \approx \text{Albumin excretion in mg/day}$$

UACR is a ratio between two measured substances. Unlike a dipstick test for albumin, it is unaffected by variation in urine concentration.

Interpreting UACR Results



If kidney disease is detected, it should be addressed as part of a comprehensive approach to the treatment of diabetes.

For more information on UACR and kidney disease, go to *www.nkdep.nih.gov*.

NKDEP, a program of the National Institutes of Health, aims to improve early detection of kidney disease, help identify patients at risk for progression to kidney failure, and promote interventions to slow progression of kidney disease.

NIH Publication No. 08-6286 • May 2008

U.S. Department of Health and Human Services
National Institutes of Health

http://www.nkdep.nih.gov/resources/UACR_GFR_QuickReference_508.pdf

* Online

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Provider Tools – NKDEP Quick Reference Card

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Kidney Disease

Simple Testing

Chronic Kidney Disease (CKD) is:

- The persistent and usually progressive reduction in glomerular filtration rate (GFR less than 60 mL/min/1.73 m^2), and/or
- Albuminuria (more than 30 mg of urinary albumin per gram of urinary creatinine).

Simple Testing is Needed to Detect Early CKD

Test adults with:

- Diabetes once a year.
- Hypertension at diagnosis and initiation of therapy — then, if normal, every 3 years.*
- A family history of kidney failure every 3 years as long as the tests remain normal.*

** This testing interval is opinion based. Use your discretion.*

Use these Independent tests to detect CKD:

- Serum creatinine applied to a prediction equation to estimate GFR is preferable to a 24-hour urine collection (see GFR Calculator below).
- A spot urine albumin to urine creatinine ratio is preferable to 24-hour urine collection for albumin excretion.
- Get blood pressure checked.

Use or download the GFR Calculator at www.nkdep.nih.gov.

- You will need to fill in the values below:

Plasma or serum creatinine (mg/dl)	
Age	
African American	☐ Yes ☐ No
Gender	☐ Male ☐ Female

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Kidney Disease

Prevention and Treatment

Prevention is Possible and Early Treatment Can Slow Progression and Reduce Cardiovascular Risk

For patients with a family history of CKD:

- Advise patients to take action to prevent hypertension and diabetes.

For patients with diabetes or hypertension and CKD:

- Prescribe angiotensin converting enzyme inhibitor or angiotensin receptor blocker to protect kidney function.
- A diuretic should usually be part of the hypertension regimen.
- Keep blood pressure below 130/80 mmHg.

It is also important to:

- Provide referral for dietary counseling. (Medicare will pay for nutrition counseling for CKD.)
- Advise tight glycemic control for patients with diabetes.
- Monitor and treat traditional cardiovascular risk factors, particularly smoking and hypercholesterolemia.
- Refer patients to a nephrologist for an early opinion.
- Provide on-going primary care.
- Team with a nephrologist once the GFR is 30 mL/min/1.73 m^2 or less.

To order NKDEP materials for your practice, call 1-866-4 KIDNEY or visit our website at www.nkdep.nih.gov.

U.S. Department of Health and Human Services
National Institutes of Health

The National Kidney Disease Education Program is an initiative of the National Institutes of Health.

NIH Publication No. 06-5350 • August 2006

http://www.nkdep.nih.gov/resources/chronic_kidney_disease_reference_508.pdf

Provider Tools- NKDEP Online Videos**

There is no single best way to talk to your patients about CKD. Watch these videos to give you ideas for how you can tailor the talking points in your own practice.

CKD & Risk

- What do the kidneys do? Approach 1
- What do the kidneys do? Approach 2
- What is chronic kidney disease? Approach 1
- What is chronic kidney disease? Approach 2
- How can I reduce my risk for kidney disease?
- Is there a connection between heart disease and kidney disease?

Testing & Diagnosis

- What are the symptoms of kidney disease? Approach 1
- What are the symptoms of kidney disease? Approach 2
- How do you check for kidney disease?
- Why did you test me for kidney disease?

Treatment

- Can kidney disease get better?
- What changes do I need to make because I have kidney disease?
- Are there medications for kidney disease?

Dialysis & Transplantation

- Will I need dialysis? Approach 1
- Will I need dialysis? Approach 2
- What is dialysis?
- Is a kidney transplant an option?

http://www.nkdep.nih.gov/professionals/index.htm

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Patient Self-Management Tools

- Link to NKDEP
- National Kidney Disease Education Program Materials
  - Patient Brochure**
  - Explaining eGFR**
  - Eating Right*
  - Diet Tips*
  - CKD Questions and Answers**
  - Food Tips**
  - CKD Flyer*
- NIDDK
  - CKD: A Family Affair*

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QMO Web Site - CKD - Microsoft Internet Explorer

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Address https://www.qmo.amedd.army.mil/kidney/kidney.htm

U.S. ARMY MEDICAL DEPARTMENT
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VA/DoD CLINICAL PRACTICE GUIDELINES

Chronic Kidney Disease

- VA/DoD Guideline
- Metrics
- Provider Material
- Pharmacy Material
- Patient Information
  - Kidney Disease
  - NKDEP
    - Brochure
    - Eating Right
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  - NIDDK - CKD A Family Affair
- Implementation
- Tool Kit
- Resource Material
- Helpful Links
- QMO Home Page

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Welcome to the Chronic Kidney Disease CPG home page.

ew Info." tab above for
terial and continue to
d information and tools.

Click here to access material from the National Kidney Disease Education Program

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We have large quantities of information to publish, and desire to make this site your source for the latest information from our office.
Contact Web Master

Patient Tools – NKDEP

Kidney Disease Overview - NKDEP - Microsoft Internet Explorer

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Address http://www.nkdep.nih.gov/patients/index.htm Go Links

NKDEP
National Kidney Disease Education Program

Información en Español | NKDEP Home

- Patients & Public
  - About Kidney Disease
  - Testing for Kidney Disease
  - Keep Your Kidneys Healthy
  - Talking to Your Doctor
  - Talking to Your Family
- Health Professionals
- Laboratory Professionals
- Resources
- News & Events
- About NKDEP

SEARCH NKDEP: Go

Home > Patients & Public

Patients & Public

This section contains basic information about chronic kidney disease, a type of kidney disease most commonly caused by diabetes and high blood pressure.

What you should know:

- Early kidney disease has no symptoms.
- Diabetes, high blood pressure, heart disease, and family history of kidney failure are key risk factors.
- Blood and urine tests can find kidney disease.
- Kidney disease can be treated. The earlier you know you have it, the better.

Keep Your Kidneys Healthy

Get checked for kidney disease if you have diabetes or high blood pressure.

Learn more.

About Kidney Disease

Kidney disease affects millions of Americans. Find out if you are at risk and read about kidney disease.

Testing for Kidney Disease

Early kidney disease has no symptoms. Learn about simple blood and urine tests that check your kidney health.

Keep Your Kidneys Healthy

There are steps you can take to keep your kidneys healthy. Read more about what you can do.

Talking to Your Doctor About Kidney Disease

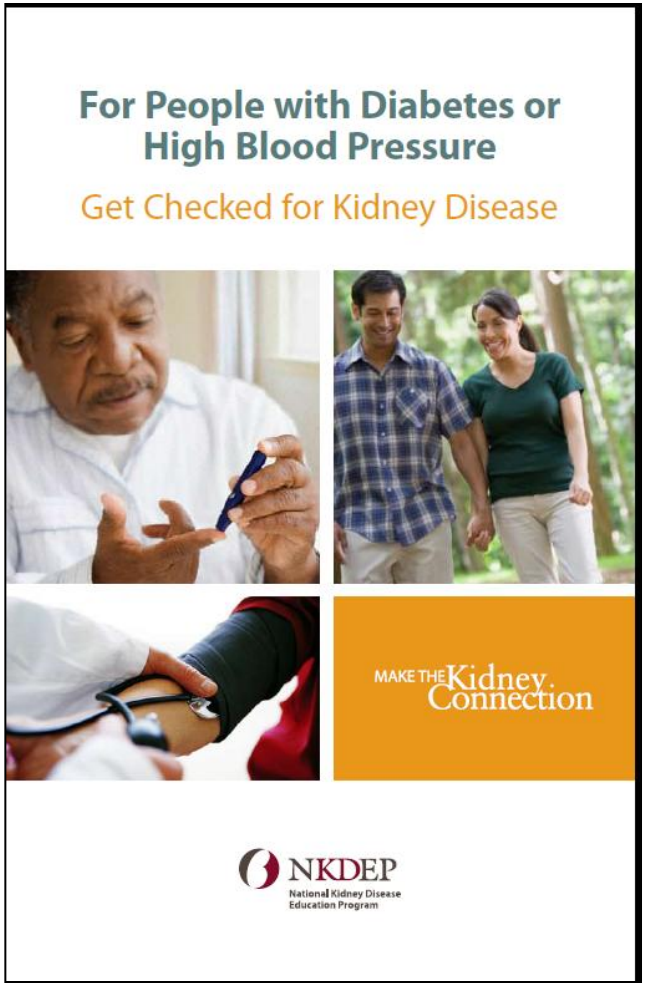
If you're at risk for kidney disease, it's important to get tested. Learn more about questions to ask and tips for your medical visit.

Talking to Your Family About Kidney Disease

Done Internet

http://www.nkdep.nih.gov/patients/index.htm

Patient Tools – NKDEP Brochure**



http://www.nkdep.nih.gov/resources/NKDEP_GenPopBrochure_508.pdf

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Patient Tools - NKDEP Explaining GFR**

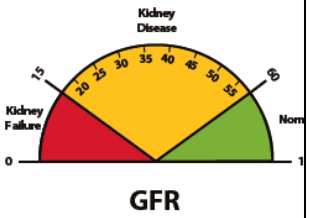
NKDEP National Kidney Disease Education Program

How well are your kidneys working?

Your kidney test result

On _____, your GFR was _____.
Date

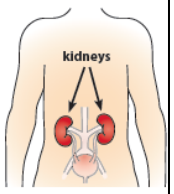
- ☐ A GFR of *60 or higher* is in the normal range.
- ☐ A GFR *below 60* may mean kidney disease.
- ☐ A GFR of *15 or lower* may mean kidney failure.



Your GFR should be checked again on _____.
Date

What your kidneys do

You have two kidneys. Their main job is to filter waste and extra water out of your blood and make urine.



How your kidneys are checked

A blood test helps to measure your glomerular filtration rate or GFR. This tells how well your kidneys are filtering. Your health care provider should also do a urine test to check your kidneys.

Why your kidneys are being checked

You can't feel kidney disease. That's why you need to have your kidneys checked. This is very important for people who have diabetes, high blood pressure, or heart disease.

See next page for steps you can take to keep your kidneys healthy.

For more information, visit *www.nkdep.nih.gov* or call 1-866-4 KIDNEY (1-866-454-3639).
The National Kidney Disease Education Program is an initiative of the National Institutes of Health.

NIH Publication No. 08-6220 • May 2008

Page 2

NKDEP National Kidney Disease Education Program

How to keep your kidneys healthy

No matter what your GFR result is:

- Keep your blood pressure below 130/80 mmHg.
- Keep your blood glucose and blood cholesterol in your target range.
- Eat healthy and cut back on salt.
- Be physically active.
- Stop smoking.
- Take medicines the way your provider tells you to.

☐ If your GFR is 60 or higher

A GFR of *60 or higher* is in the normal range. You should:

- Keep getting checked for kidney disease because you are still at risk.

Two tests for kidney disease

1. A blood test to measure GFR.
2. A urine test to check for protein. Protein can leak into the urine when the kidneys are damaged.

☐ If your GFR is below 60

A GFR *below 60* may mean kidney disease. You can't raise your GFR, but you can take these steps to try to keep it from getting lower.

- Ask about medicines that can help protect your kidneys.
- Follow a diet that can help slow down kidney disease. Ask to see a dietitian or nutritionist.
- Keep getting blood and urine tests to monitor your kidneys.

It's important to take steps to slow kidney disease *before* a lot of damage is done. If your kidneys fail, dialysis and a kidney transplant are the only options. Work with your provider on the best treatment plan for you.

Notes: _____

For more information, visit *www.nkdep.nih.gov* or call 1-866-4 KIDNEY (1-866-454-3639).
The National Kidney Disease Education Program is an initiative of the National Institutes of Health.

Page 3

5
bout Chronic Kidney Disease

Points

Explain the progressive nature of CKD and he basics of treatment.

KD get better? CKD usually will not get better likely to get worse. Treatment helps slow disease and keep the kidneys healthier longer.

s CKD treated? Treatment includes keeping pressure below 130/80 mmHg, diet counseling ce salt and excessive protein, and controlling sugar if you have diabetes.

ere medications for CKD? People with CKD ake medicines to lower blood pressure, control sugar, and lower blood cholesterol. Two types od pressure medications—ACE inhibitors and —can slow CKD and delay kidney failure, n people who do not have high blood pressure.

Begin to speak about dialysis nd transplantation.

ever need dialysis? With proper management, ay never need dialysis or, at least, not for a very me. But if your kidneys fail, we will need to e a treatment that can replace the job of your s. There are two types of dialysis—one is done e daily and the other is done in a dialysis center imes a week.

ey transplant an option? You may be able to e a kidney transplant. The donated kidney can from an anonymous donor who has recently r from a living person. A kidney transplant is ment—not a cure.

ad, visit www.nkdep.nih.gov or

al Institutes of Health.

http://www.nkdep.nih.gov/resources/GFR_Pad_PatientandProvider_508.pdf

* Online

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Patient Tools – NKDEP Eating Right

Eating Right for

Kidney Health

NKDEP National Kidney Disease Education Program

Tips for People with Chronic Kidney Disease (CKD)

What you eat and drink can help slow down chronic kidney disease. Some foods are better for your kidneys than others. Cooking and preparing your food from scratch can help you eat healthier.

These tips will help you eat right as you manage your CKD. The First Steps to Eating Right (pages 1 and 2) are important for all people with CKD. The Next Steps to Eating Right (page 3) may become important as your kidneys slow down.

Work with your dietitian to choose the right foods for you.

THE FIRST STEPS TO EATING RIGHT

STEP 1
Choose and prepare foods with less salt and sodium.
Why? To help keep your blood pressure below 130/80. Your diet should contain less than 2,300 milligrams of sodium each day.

STEP 2
Eat the right amount and the right types of protein.
Why? To help protect your kidneys.

STEP 3
Choose foods that are healthy for your heart.
Why? To help keep fat from building up in your blood vessels, heart, and kidneys.

1

GHT

ds with less salt and sodium.

a part of salt) is added to many packaged foods.
asonings in place of salt.
ood packages for sodium. A Daily Value of 20% dium.
dinners and other convenience foods.
ts, and fish with water before eating.

dium • Low sodium • Reduced or less sodium
nsalted • Lightly salted

nd right types of protein.

and animals. Talk to your dietitian about how ou.

	Plant-protein Foods
y	• Beans • Nuts • Grains

healthy for your heart.

ods, instead of deep frying.
a small amount of olive oil instead of butter.
rom poultry before eating.

Poultry without the skin • Fish • Beans
gurt, cheese

2

at foods that are lower in phosphorus
use lab tests to watch your levels.

phorus.

ssels.
rus. Look for phosphorus—or for words

y can have added phosphorus. Ask the
t added phosphorus.

Foods *Higher* in Phosphorus
• Meat, poultry, fish • Bran cereals and oatmeal
• Dairy foods • Beans, lentils, nuts • Colas

right amount of potassium.

e right way.
m. Read the ingredient label. Check with

ating.

Foods *Higher* in Potassium
• Oranges, bananas • Potatoes, tomatoes
• Brown and wild rice • Bran cereals
• Dairy foods • Whole wheat bread and pasta
• Beans and nuts

1-866-4 KIDNEY (1-866-454-3639).

NIDDK NKDEP

3

http://www.nkdep.nih.gov/resources/nkdep-factsheet-overallpatient-508.pdf

Patient Tools – NKDEP Diet Tips

Phospho

Tips for People with Chronic Kid

What Is Phosphorus?

Phosphorus is a mineral that helps keep
keep blood vessels and muscles working
in foods rich in protein, such as meat, p
dairy products. Phosphorus is also add

Why Is Phosphorus Important

When you have CKD, phosphorus can b
weak, and more likely to break. It can
Most people with CKD need to eat food

Your health care provider may talk to y
lower the amount of phosphorus in you

Foods *Lower* in Phosphorus

- Fresh fruits and vegetables
- Rice milk (not enriched)
- Breads, pasta, rice

Foods *Higher* in Phosphorus

- Meat, poultry, fish
- Dairy foods
- Beans, lentils, nuts

Potassium

Tips for People with Chronic Kidney D

What Is Potassium?

Potassium is a mineral that helps your nerves a

Why Is Potassium Important for Pe

In some people with CKD, the kidneys may n
Some medicines also can raise your potassium
lower your potassium level.

How Do I Know My Potassium Is Hi

People often do not feel any different when th
provider will check the level of potassium in y
The level of potassium in your blood should b

How Do I Lower Potassium in My D

- Use spices and herbs in cooking and at the tal
and should not be used.
- Drain canned fruits and vegetables before eat
- Potassium chloride can be used in place of s
soups and tomato products. Limit foods wi
- If you have diabetes, choose apple, grape, or
goes down.

Eat These Foods	In
• White rice	•
• White bread and pasta	•
• Cooked rice and wheat cereals	•
• Rice milk (not enriched)	•

*Normal ranges may vary.

Protein

Tips for People with Chronic

What Is Protein?

Protein is in many foods that you e
from plants. Most diets include bo
that help maintain and repair mus

Animal-protein Foods

- Meat, such as pork, beef, chicke
- Eggs
- Dairy products, such as milk, yo
- Fish

Plant-protein Foods

High Protein

- Beans, peas, lentils
- Soy foods, such as soy milk, tofu
- Nuts and nut spreads, such as almond butter, peanut butter, soy nut butter
- Sunflower seeds

Why Is Protein Important f

When your body uses protein, it p
Too much protein can make the k
eat less protein.

Animal protein includes all of the
Plant proteins need to be combine
your body needs.

Sodium

NKDEP National Kidney Disease Education Program

Tips for People with Chronic Kidney Disease (CKD)

What Is Sodium?

Sodium is a part of salt. Sodium is found in many canned, packaged, and "fast" foods. It is also found in many condiments, seasonings, and meats.

Why Is Sodium Important for People with CKD?

Eating less sodium helps lower blood pressure and may slow down CKD. Your blood pressure goal should be below 130/80.

One of the kidneys' important jobs is to filter sodium out of the body and into the urine. Damaged kidneys cannot filter as well as healthy kidneys can. This can cause sodium to stay in your body and make your blood pressure go up. If your blood pressure is too high, you may need to lower the amount of sodium in your diet.

How Much Sodium Should I Eat Every Day?

Your diet should contain less than 2,300 milligrams each day, or the amount of sodium in one teaspoon of salt. Much of the sodium you eat does not come from a salt shaker. Sodium is added to the prepared foods you buy at the supermarket or eat at restaurants.

Foods *Lower* in Sodium

- Fresh or frozen fruits and vegetables • Rice, noodles • Cooked cereal without added salt
- Fresh meat, poultry, seafood • Low-fat, low-sodium cheese • Unsalted nuts
- Low- and reduced-sodium frozen dinners, peanut butter, salad dressings • Air-popped popcorn

- Bacon, corned beef, ham, hot dogs, luncheon meat, sausage • Bouillon, canned, and instant soups
- Boxed mixes, like hamburger meals and pancake mix • Canned beans, chicken, fish and meat
- Canned tomato products, including juice • Canned and pickled vegetables, vegetable juice
- Cottage cheese • Frozen meals • Frozen vegetables with sauce • Olives, pickles, relish
- Pretzels, chips, crackers, salted nuts • Salt and salt seasonings, like garlic salt
- Seasoning mix and sauce packets • Soy sauce • Salad dressings, bottled sauces, marinades
- Some ready-to-eat cereals, baked goods, breads • Ready-to-eat boxed meals and side dishes

1

http://www.nkdep.nih.gov/resources/index.htm

Patient Tools – NKDEP Fact Sheet**

NKDEP
National Kidney Disease Education Program

Questions and Answers About the Kidneys and Kidney Disease

Fact Sheet

What to ask your doctor or health care provider:

Based on my medical and family history, am I at risk for kidney disease?

Do my blood and urine tests show signs of kidney disease?

How often should I be tested?

How can I keep my kidneys healthy?

Bring these questions and a list of your medicines with you when you visit the doctor.

What is kidney disease?

Your kidneys (two fist-sized organs located in the lower back) keep you healthy by filtering waste and extra water from your blood, which then leave the body in urine. Kidney disease results from damage, over time, to the tiny structures inside the kidneys that filter the blood. When the kidneys are damaged, they slowly stop doing their job and waste builds up in the blood, harming the body.

If kidney disease is not treated, it can lead to kidney failure. This means the kidneys stop working. **Once the kidneys fail, a person must either begin dialysis or get a kidney transplant.**

Am I at risk for kidney disease?

You are at risk for kidney disease if you have:

- Diabetes OR
- High blood pressure OR
- A family history of kidney disease (your mother, father, sister, or brother had kidney disease or kidney failure).

If you have any of these risk factors, talk to your doctor or health care provider about getting tested.

Diabetes and high blood pressure are the two leading causes of kidney failure. Managing these conditions can help reduce the stress on your kidneys. Talk to your doctor or health care provider about getting tested for kidney disease and steps you can take to protect your kidneys.

How do I know if I have kidney disease?

Testing is the only way to know if you have kidney disease. Blood and urine tests can detect kidney damage. **Kidney disease often has no symptoms** until just before the kidneys fail. Don't wait for symptoms to talk to your doctor about getting tested.

What if I have kidney disease?

If tests show you have kidney disease, you can take steps to protect your kidneys from further damage. There are medicines you can take and other things you can do—like controlling your blood sugar and keeping your blood pressure below 130/80—to help delay or prevent kidney failure.

How can I keep my kidneys healthy?

You can keep your kidneys healthy by: 1) taking steps to prevent high blood pressure and diabetes, 2) managing these conditions if you already have them, and 3) getting tested if you are at risk.

For more information, visit *www.nkdep.nih.gov* or call 1-866-4 KIDNEY (1-866-454-3639).

http://www.nkdep.nih.gov/resources/NKDEP_Kidney_QA_Fact_Sheet_508.pdf

* Online

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Patient Tools – NKDEP Food Tips**

NKDEP
National Kidney Disease Education Program

Make the Kidney Connection
Food Tips and Healthy Eating Ideas

Fact Sheet

Diabetes and high blood pressure are the two leading causes of kidney disease. Other risk factors include heart disease and a family history of kidney failure. Eating healthy is one way to maintain good health. Small changes to your diet can help you manage your diabetes and high blood pressure and possibly protect your kidneys.

The National Kidney Disease Education Program (NKDEP) and National Diabetes Education Program (NDEP), both of the National Institutes of Health, have a few tips to get you on your way to healthier eating!

Tips on How to Eat Less

1. Make sure you eat breakfast everyday.
2. Share a single dessert.
3. When eating out, have a big vegetable salad, then split an entrée with a friend or have the other half wrapped to go.
4. Drink a glass of water 10 minutes before your meal to take the edge off your hunger.
5. Listen to music while you eat instead of watching TV (people tend to eat more while watching TV).
6. Eat slowly. It takes 20 minutes for your stomach to send a signal to your brain that you're full.
7. Teaspoons, salad forks, or child-size utensils may help you take smaller bites and eat less.
8. Make less food look like more by serving your meal on a salad or breakfast plate.
9. Make a list before you go to the store. Don't grocery shop on an empty stomach.
10. Try not to snack while cooking or cleaning the kitchen.

Tips on Making Healthy Food Choices

1. Try getting one new fruit or vegetable every time you grocery shop.
2. Cook with a mix of spices instead of salt.
3. Choose veggie toppings like spinach, broccoli, and peppers for your pizza.
4. Try different recipes for baking or broiling meat, chicken, and fish.
5. Try to choose foods with little or no added sugar.
6. Gradually work your way down from whole milk to 2% milk until you're drinking and cooking with fat-free (skim) or low-fat milk and milk products.

Continued on the next page

http://www.nkdep.nih.gov/resources/NKDEP_FoodTips_Fact%20Sheet_508.pdf

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Patient Tools – NKDEP Kidney Disease Flyer

NKDEP
National Kidney Disease Education Program

Diabetes and High Blood Pressure
Make the Kidney Connection

Are you at risk for kidney disease?

Do you have:

- ☐ **Diabetes** or
- ☐ **High blood pressure** or
- ☐ **Heart disease** or
- ☐ **A mother, father, sister, or brother with kidney disease?**

If you have any of these risk factors, get checked for kidney disease. **Early kidney disease has no signs or symptoms.** Blood and urine tests are the only way to know if you have it.

Kidney disease can be treated.

The sooner you know if you have kidney disease, the sooner you can take steps to keep your kidneys healthy longer. Medicines can help slow down kidney disease and prevent kidney failure.

http://www.nkdep.nih.gov/resources/NKDEP-KidneyDiseaseFlyer-508.pdf

Patient Tools – NIDDK
A Family Affair

Chronic Kidney Disease: A Family Affair

National Kidney and Urologic Diseases Information Clearinghouse

National Institute of Diabetes and Digestive and Kidney Diseases

NATIONAL INSTITUTES OF HEALTH

Chronic kidney disease (CKD) is the permanent loss of kidney function. CKD may be the result of physical injury or a disease that damages the kidneys, such as diabetes or high blood pressure. When the kidneys are damaged, they do not remove wastes and extra water from the blood as well as they should.

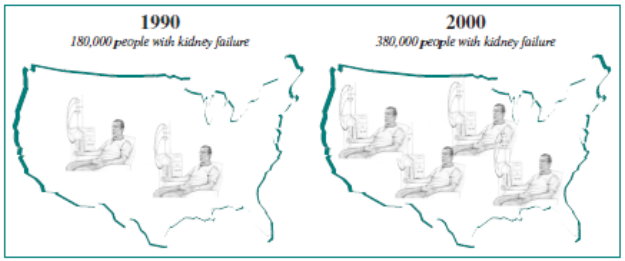
CKD is a family affair because you may be at risk if you have a blood relative with kidney failure.

CKD is a silent condition. In the early stages, you will not notice any symptoms. CKD often develops so slowly that many people don't realize they're sick until the disease is advanced and they are rushed to the hospital for life-saving dialysis.

A Growing Problem

CKD is a growing problem in the United States. Between 1990 and 2000, the number of people with kidney failure requiring dialysis or transplantation virtually doubled to 380,000. If this trend continues, the number of people with kidney failure will approach 700,000 by 2010. The annual cost of treating kidney failure in the United States has already topped $20 billion.

Kidney failure is only a part of the picture. Experts estimate that 20 million Americans have significantly reduced kidney function, and even a small loss of kidney function can double a person's risk of developing cardiovascular disease. Many of these people will experience heart attacks or strokes before they become aware of their kidney disease. So identifying and treating CKD early can help prevent heart problems as well as postpone kidney failure.



Between 1990 and 2000, the number of people with kidney failure requiring dialysis or transplantation more than doubled.

U.S. Department of Health and Human Services

http://kidney.niddk.nih.gov/kudiseases/pubs/chronickidneydiseases/ckdfamily.pdf

System Support Tools

- Metrics
- Link to NIH Directory of Kidney and Urological Diseases
- VA/DoD CPG websites
- CPG Shopping Cart

National Kidney Disease Education Program
Suggested Metrics for Patients with CKD

- **Improve screening of patients with DM**

Core Measures

- % patients with estimated GFR in past year
- % patients with urine albumin (UACR) measured in past year
- % patients

- **Improve blood pressure control among patients with DM & CKD and ACEI/ARB use in CKD and DM**

Core Measures

- % patients diagnosed with HTN or clinical proteinuria (UACR >300 mg/g) on ACEI or ARB
- % patients with BP controlled to <130/80
- % patients with GFR <60 and UACR >300 mg/g on ACEI or ARB
- % patients with GFR <60 and UACR >300 mg/g with BP controlled to <130/80

- **Improve screening of patients with DM and diagnosed CKD for complications**

Core Measures

- % patients with GFR <50 screened in past year for:
- –anemia (Hgb)
- –malnutrition (albumin)
- –metabolic bone disease (Ca, PO4)
- –lipid disorders (Tchol, LDL, HDL, TG)

- **Improve education of patients with (or at increased risk for) CKD**

Core Measure

- % patients with GFR <60 with documented education on CKD concept 1
- % patients with GFR <60 with documented education on CKD concept 1 and 2
- % patients with GFR <60 with documented education on CKD concepts 1, 2, and 3
- % patients with GFR <60 with documented education on CKD concepts 1, 2, 3, and 4

NIH Directory of Kidney and Urologic Diseases

Directory of Kidney and Urologic Diseases Organizations - Microsoft Internet Explorer

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Address http://kidney.niddk.nih.gov/resources/organizations.htm

Kidney and Urologic Home

National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC)

A service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), NIH

Kidney and Urologic Diseases | Statistics | Clinical Trials | NKDEP | Awareness and Prevention Series

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Home : Resources : Directory of Kidney and Urologic Diseases Organizations

A to Z list of Kidney and Urologic TOPICS and TITLES

Easy-to-Read Publications

Spanish-language Publications

Awareness and Prevention Series

Email to a friend

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Directory of Diabetes Organizations

Directory of Digestive Diseases Organizations

Directory of Endocrine and Metabolic Diseases Organizations

Directory of Hematologic Diseases Organizations

Directory of Kidney and Urologic Diseases Organizations

This directory lists Government agencies and professional and voluntary associations that provide kidney and urologic diseases-related information and resources. Some of these organizations offer educational materials and other services to patients and the general public, while others primarily serve health care professionals.

Alport Syndrome Foundation (ASF)

1608 East Briarwood Terrace
Phoenix, AZ 85048–9414
Phone/Fax: 480–460–0621
Internet: www.alportsyndrome.org

Mission: To educate and support patients and families that have been affected by Alport syndrome with the goal of funding research to find more effective treatment protocols and a cure.

[Top]

American Association of Clinical Urologists (AACU)

Two Woodfield Lake
1100 East Woodfield Road, Suite 520
Schaumburg, IL 60173
Phone: 847–517–7225
Fax: 847–517–7229
Email: info@aacuweb.org
Internet: www.aacuweb.org

Mission: To stimulate interest in the science and practice of urology and promote understanding of socioeconomic and political affairs affecting medical practice among clinical urologists who are members of the American Urological Association and the American Medical Association.

Materials: *AACU News* (bimonthly newsletter); *AACU FAX* (monthly legislative update distributed by facsimile).

[Top]

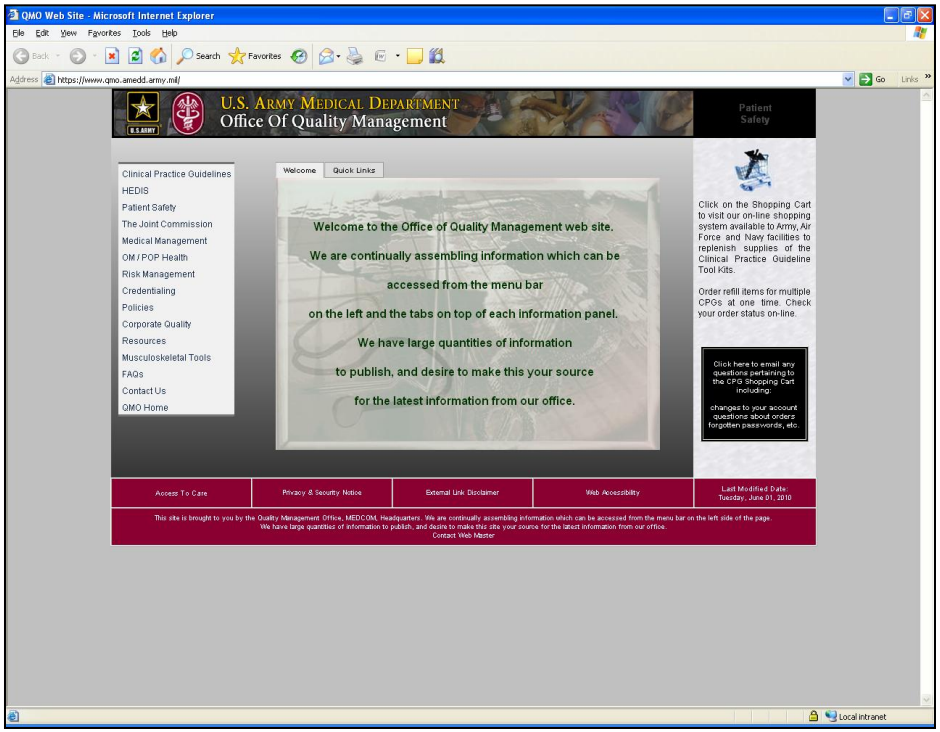
American Association of Genitourinary Surgeons (AAGUS)

http://kidney.niddk.nih.gov/index.htm

Internet

http://kidney.niddk.nih.gov/resources/organizations.htm

VA/DoD Websites



www.healthquality.va.gov

https://www.QMO.amedd.army.mil

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Army ~ Air Force ~ Navy

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CPG Product Selection and Shopping Cart

Replacement parts for the Diabetes Clinical Practice Guideline ToolKit

All Common Items
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COPD
Depression
Diabetes
Dyslipidemia
Hypertension
Ischemic Heart Disease
Low Back Pain
mild Traumatic Brain Injury
Nuclear, Biological, Chemical Illness
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Opioid Therapy
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Questions?