

Appendix 1: Algorithm mailed by The Ottawa Hospital nephrology service to all primary care physicians in the Champlain Local Health Integration Network in March 2006, concurrent with the province of Ontario's introduction of automatic reporting of the estimated glomerular filtration rate (eGFR) by outpatient laboratories.



The Ottawa Hospital
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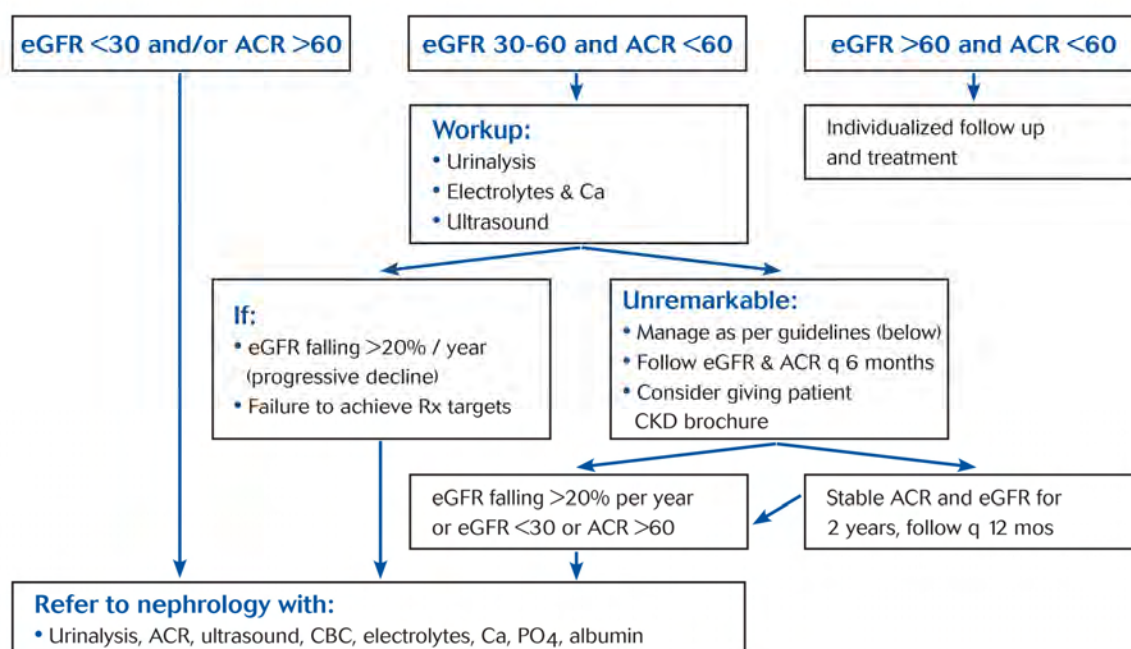
Detection, Monitoring & Referral of CKD

• Identify patients in your practice with elevated risk of CKD:

- Patients with hypertension
- Patients with diabetes mellitus
- Family hx of end stage (Class V) renal disease
(also needs ultrasound of kidneys)
- Patients with vascular disease
- Patients with unexplained anemia
- Heart failure
- First Nations Peoples

• Screen with eGFR and albumin to creatinine ratio in urine (ACR).

• If eGFR <60 and/or ACR >60, repeat them in 2-4 weeks. Then if...



Implement measures to modify CV risk factors

- Lifestyle modification, smoking cessation
- Treat cholesterol to target as per highest CV risk category
- Consider ASA 81 mg daily
- In diabetics, optimize blood sugar control

Minimize further kidney injury

- If possible, avoid nephrotoxins such as NSAIDs, aminoglycosides, I/V and intra-arterial contrast etc, (if eGFR <60)
- If contrast is necessary, consider prophylactic measures (if eGFR <60)

Treatment targets: implement measures to slow rate of CKD progression

- Treat to target BP <130/80
- ACEI and/or ARB are first line therapies in pts with albuminuria or proteinuria (monitor K and Cr or eGFR)
- Target urine albumin/creatinine ratio <40

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