CKD

A/P

Patient has stage {\_} CKD

Kidney failure risk calculator risk:

Patient was advised to limit sodium intake to 2g or less per day to reduce proteinuria as well as delay progression of kidney disease

Blood pressure goal is < 140/80, recommended that patient take an ACE-I or ARB, patient currently takes {\_} for blood pressure.

History of Diabetes {\_}, if so then consideration of SGLT-2 inhibitors and GLP-1 agonists is important to reduce progression of CKD, this was discussed with the patient (if the patient has diabetes)

Discussed contrast induced neprhopathy

Discussed avoiding NSAIDS and other nephrotoxic agents

We discussed Anemia as a complication of CKD

We discussed protein restriction in later disease states of CKD (limit to <0.8mg/kg/day if GFR < 30)

In general recommend avoiding protien intake >1.3mg/kg/day to reduce risk of progression.

We discussed potassium restriction in CKD 4+

Much of our time was spent discussing that with CKD the goal is to reduce the progression of CKD and not complete cure, and that if we can't reduce the progression then sometimes dialysis is required

-BP management with:

-Diabetes management:

- Hyperlipidemia Management:

- Recommend 30 minutes of exercise 5 days per week

- Recommend BMI goal of 20-25

- CBC ordered today and recommend every 6 months

- PTH ordered today and recommend every 3-6 months

- Phosphate and calcium levels ordered today and recommend every 3-6 months

- Vit D levels ordered today, recommend every 6 months

- CMP ordered today, recommend every 6 months

- Urine albumin/Creatine ratio ordered today, recommend every 6 months.

- Referral to Neprhology sent

The above guidelines are based on AAFP and KDIGO guidelines found at:

-https://www.aafp.org/pubs/afp/issues/2020/0915/p378.html

-https://kdigo.org/guidelines/ckd-evaluation-and-management/

HPI:

Patient has history of CKD

Follows with Nephrology: Yes {\_} no