

CHRONIC KIDNEY DISEASE

Risk Level	eGFR	Labs	What to do	Medications	Diet		Education
Low	>60 & microalb <30mg/g	Annually □GFR (BMP) (if hypertensive or diabetic) □Urine microalb/cr (if diabetic)	□Manage comorbidities □Manage BP <140/90 (no proteinuria) <130/80 (if proteinuria)	□ACEI or ARB +/- Spironolactone (for diabetic patients)	□Low sodium <2.3g/d □Low total fat	☐Protein 1.4g/kg/d (18%cal/d) If diabetic: 0.8g/kg/d	□Provide resources -Nephrotoxins -Diet □Share CKD website for videos and resources
	>60 & microalb >30mg/g			□ACEI or ARB +/- Spironolactone	<30% cal/d Sat Fat <10% cal/d Cholesterol	t (10%cal/d) t 1.7g/d Phosphorus 1.7g/d sterol mg/d % cal/d % cal/d assize cods: coles grains les cidairy oil later fish	
Moderate	45-59	Annually □GFR (BMP) □Urine microalb/cr □Hemoglobin □Calcium	□Manage comorbidities □Manage BP <130/80	□ACEI or ARB +/- Spironolactone □Discontinue NSAIDS □Reduce/Stop Metformin	whole-foods: -Vegetables -Whole grains -Nuts -Legumes		
High	30-44	□Phosphorus □PTH □25-Vit D □Refer if K >5.0 (>3mo) Hgb <10 w/nl iron Phos >4.5 Proteinuria (>3mo) PTH >70 (CKD III)	□Refer to case management □Consult with nephrologist □Save an arm -No PICC line -Limit blood draw to one arm	□Reduce/STOP Metformin (STOP if GFR < 30) □Renal dosing of other medications (BBlock,dig,statin, narcotics,antimicrob,etc) □No Bisphosphonates			
Very High	15-29		☐Refer to nephrologist☐Refer to KidneyCare:365*				Nephrologist to provide in-depth education -Disease management -Treatment options
	<15		☐Refer for transplant eval	□Avoid IV contrast & NaPhos bowel preps			

^{*} KidneyCare:365 – FREE patient education classes from Fresenius – No prior authorization required

Open to all condition appropriate patients

Patient Calls 1-888-392-2393 or fills out the online form to speak with a Fresenius Kidney Care Advocate.

https://www.freseniuskidneycare.com/ckd-treatment/kidney-disease-education-class

Trained healthcare professional led classes to educate patients about CKD & (ESRD)

Provides advice for keeping their kidneys functioning at their best, overview with pros & cons of different treatment options