

Chronic Renal Failure

Definition

GFR <60 for 3 months or more

AND/OR

presence of kidney damage (albuminuria, sediment or anatomic abnormalities or a hx of kidney transplantation).

Stages of CKD:

G1 (normal) – GFR >90 mL/min
G2 (mild) – GFR 60 to 89 mL/min
G3a mild-mod – GFR 45 to 59 mL/min
G3b (mod-severe) – GFR 30 to 44 mL/min
G4 (severe) – GFR 15 to 29 mL/min
G5 (kidney failure) – GFR <15 mL/min or dialysis

Etiology:

Most common is DM. Others are HTN/RAS, glomerular, interstitial, drugs, congenital, myeloma and PKD.

Evaluation:

-Evaluate for uremic symptoms and signs

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| General | Nausea, weight loss, hypothermia |
| Skin | Pruritus, calciphylaxis (skin ulcers) |
| Metabolic | increased K and phosphorus, decreased Ca, 2 PTH, acidosis |
| Cardio | HTN, CHF, LVH, pericarditis |
| Neuro | seizures, neuropathy. decreased memory/attention/MS (encephalopathy) |

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| Heme | Anemia, bleeding(plt dysfunction) |
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Management:

- Consult Nephrology if proteinuria or GRF <30. BP measurements, IVs for dialysis access planning.
- Restrict sodium, potassium, phosphorus and protein intake especially if HTN or hyperkalemic.
- Treat/ risk reduction of co-morbidities (DM, HTN, CAD) with glucose control/ SGLTi, statin, ACEi/ARB (reassess Cr and d/c if there is a 30% increase post ACEi/ARB).
- Sevelamer to control phosphorus levels, HCO₃ replete if acidotic, Fe supplementation for anemia (goal Hb 10-11.5).
- Evaluate for transplant (GFR <20)

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