

Learner Copy:

Outpatient Cases/Core Topic: Chronic Kidney Disease

Mrs. H is a 61 y/o female here for routine f/u visit with hx COPD, HTN, CKD stage 3, and tobacco use disorder. You haven't met her before so you briefly review her last office visit note, med list, and most recent labs. She's here for hypertension follow-up after meds were adjusted for worsening renal function. Her recent med changes included stopping HCTZ and starting furosemide. There was discussion at her last visit about possibly starting amlodipine if her blood pressure was still uncontrolled.

Vitals & Measurements

Temperature: 36.9

Respiration Rate: 16

Heart Rate: 67

Systolic BP Sitting: 174

Diastolic BP Sitting: 96

Oxygen Saturation: 96

Oxygen Therapy Delivery Method: Room air

Dosing Weight: 61.2 kg

Height: 167.5 cm

Body Mass Index: 21.83

What else do you want to know?

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What diagnostic criteria for Chronic Kidney Disease does this patient meet?

What are her risk factors?

What is her morbidity/mortality risk?

How common is this condition?

What other complications is she at risk for?

What are the management recommendations for this patient?

How often should you monitor this patient?

What types of meds should be avoided or adjusted for this patient?

What are the screening recommendations for patients with regards to Chronic Kidney Disease?

When would you refer this patient?

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When would you refer this patient?

Guide to Frequency of Monitoring (number of times per year) by GFR and Albuminuria Category				Persistent albuminuria categories Description and range		
				A1	A2	A3
				Normal to mildly increased	Moderately increased	Severely increased
				<30 mg/g <3 mg/mmol	30–300 mg/g 3–30 mg/mmol	>300 mg/g >30mg/mmol
GFR categories (ml/min/1.73 m ²) Description and range	G1	Normal or high	≥90	1 if CKD	1	2
	G2	Mildly decreased	60–89	1 if CKD	1	2
	G3a	Mildly to moderately decreased	45–59	1	2	3
	G3b	Moderately to severely decreased	30–44	2	3	3
	G4	Severely decreased	15–29	3	3	4+
	G5	Kidney failure	<15	4+	4+	4+

GFR and albuminuria grid to reflect the risk of progression by intensity of coloring (green, yellow, orange, red, deep red). The numbers in the boxes are a guide to the frequency of monitoring (number of times per year).

Green: low risk (if no other markers of kidney disease, no CKD); Yellow: moderately increased risk; Orange: high risk; Red, very high risk.

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Referral decision making by GFR and albuminuria. *Referring clinicians may wish to discuss with their nephrology service depending on local arrangements regarding monitoring or referring.

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