The Chronic Kidney Disease (CKD) Clinical Pathway is a resource for primary care providers to aid in the diagnosis, medical management, and referral of adults with CKD.

**Diagnose CKD**
Enter the most recent lab values:

- **eGFR**: <30 mL/min/1.73m²
- **ACR**: ACR ≥60 mg/mmol
- **Hematuria**: Positive

**Your patient has CKD**
(Date: April 18, 2018 8:30)

The following is recommended:

- **Medical Management**
- **Referral to a nephrologist**

**Investigations for causes of CKD**

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**Medical Management**

**Lifestyle Management**

- Exercise 30 minutes, 5 times per week
- Achieve a healthy BMI (18.5 - 25)
- Smoking cessation
- Adequate fluid intake: fluid restriction is not necessary for most patients.
- Healthy diet: low sodium diet (2000 mg/day)

**Drug Therapy**

**ACEI/ARB**

- **Prescribing Information**
  - **Diabetes**: Prescribe an ACEI or ARB unless contraindicated.
  - **No Diabetes**: Prescribe an ACEI or ARB if FCR > 30 mg/mmol and no contraindications.

- **Dosage**: Titrate to maximum tolerated dose.

- **Contraindications**
  - Pregnancy
  - Women with childbearing potential should only use an ACEI or ARB if there is reliable contraception.

- **General Information**
  - Check potassium and eGFR within 2 weeks of starting or dose changes.
  - Combined therapy of ACEI and ARB not recommended.
  - ACEI or ARB can cause a reversible reduction in eGFR when treatment is initiated (approximately 25%).
    - If the reduction in eGFR exceeds 25% below the baseline value, stop ACEI or ARB.
    - If the reduction in eGFR is 5 to 25%, re-check in 2 weeks.

**Targets**

- Blood pressure targets
  - Diabetic: <130/80 mmHg
  - Non diabetic: <140/90 mmHg
- A1C target for patients with diabetes: <7%

**Patient Tips for Managing CKD**

**Other Considerations**

- **Common drugs that may have nephrotoxic effects**
- **Common drugs that may require renal dose adjustments**
- **Sick day Medication List**

**Potassium Food Handout**

**Drugs that may raise potassium**

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