

Name _____

GFR \leq 60 mL/min/1.73m²

Hypertension		
Goal: _____ (Based on CKD Stage)	• Medication Review	• Lifestyle Modifications
Anemia		
Goal: (Hgb > 12.5 Male or Post-Meno. Female, > 11.0 Female)	• Consider Stools for Occult Blood	• Consider Iron Therapy/Procrit or Aranesp
Nutritional Status/DM		
• BMI (Maintain upper 50% of Normal)	• Glycemic Control (HgbA _{1c} < 7)	• RD Referral: _____
Bone/Mineral Metabolism		
• 1,25 Vit. D3, 25 & Hydroxy. Level	• Consider Binder Medicine	• Consider Vitamin D Analog Therapy
Neuropathy		
• Monitor Neurological Symptoms	• Neurological Exam including Mental Status	
Functioning and Well-Being		
• Duke Quality of Life Assessment	• Encourage Social Support	• SW Referral: _____
Progression of CKD		
• ACE Inhibitors in DM Patients	• Assess for Nephrotoxic Agents	• Smoking Cessation

Kidney Replacement Therapy

GFR \leq 30 mL/min/1.73m²

GFR \leq 15 mL/min/1.73m²

• Review Modality Options: HD/PD/Transplant/No Rx	• Tour Clinic/Intro. Staff: _____
• Option Selected: _____	• Preferred Clinic Placement: _____
• Access Placed: _____	
• Date/Surgeon: _____	

	Date						
Anemia	WBC						
	RBC						
	HGB						
	HCT						
	PLT Ct.						
	Retic Ct.						
	Iron						
	Ferritin						
	TIBC						
	Iron Saturation						
Nutritional Status/DM	Serum Albumin						
	Glucose						
	HgbA _{1c}						
Bone/Mineral Metabolism	Intact PTH						
	Calcium						
	Ionized Ca						
	Phosphorus						
Neuropathy	Sodium						
	Potassium						
	Chloride						
	CO2						
Progression of CKD	BUN						
	Creatinine						
	Est. GFR*						

*GFR per the Abbreviated MDRD Study Equation AJKD

Clinical practice guidelines for chronic kidney disease: Evaluation, classification, and stratification (2002). American Journal of Kidney Diseases 39,(2) Suppl 1.

Chronic Kidney Disease Clinical Action Plan

Date: _____

Name: _____ Age: _____ Race: _____

PCP: _____ Nephrologist: _____

CKD R/T: _____ Stage: _____ Est. GFR: _____

S: _____

Medication/Allergies Reviewed CKD Clinical Action Plan Reviewed Health Maintenance Reviewed

O: Wt: _____ (+ / - _____) BP: _____ HR: _____ R: _____ T: _____

HEENT: _____ Abdomen: _____

Neck: _____ Extremities: _____

Heart: _____ Neuro: _____

Lungs: _____ Skin: _____

A/P: _____

CHRONIC KIDNEY DISEASE CLINIC NOTE

Name _____

Date/Comments				
Screenings				
Fecal Occult Blood Test (Annually \geq age 50)				
Sigmoid/Colonoscopy (Periodically \geq age 50)				
HBAIC (DM - Every 3 Months)				
Lipid Panel (Every 6 Months)				
Clinical Breast Exam (Annually)				
Mammogram (Screen age 35, Annual \geq 40)				
PAP & Pelvic Exam (Annually 18-65, unless abnl.)				
PSA (\geq 50 Years Old)				
Ophthalmology Evaluation (Annually)				
Skin Exam (Annually)				
Vaccinations				
Hepatitis B Series (4 Engerix vs. 3 Recombivax)				
Influenza (Annually)				
Pneumovax (Every 5 Years)				
Tetanus Booster (Every 10 Years)				
Counseling				
Alcohol Use (CAGE)				
Dental Health				
Injury Prevention				
Limit Fat & Cholesterol				
Regular Physical Activity				
Tobacco Cessation				

Guide to Clinical Preventive Services (2nd Ed.) U.S. Preventive Services Task Force. (1996) Williams & Wilkins, Baltimore, MD.

Date

PCP
Address

Re:
DOB:

Dear Dr:

I had the pleasure of seeing Mr./Ms. _____ in my Chronic Kidney Disease (CKD)/Aranesp clinic on Date for follow-up. As you may remember, her CKD is related to Diagnosis. Her most recent serum creatinine level was _____ gm/dL on Date with an estimated GFR of _____ ml/min.

Pt. complaints & Assessment.

Medication List

Mr./Ms. _____ is in CKD Stage ?. Review pertinent Clinical Action Plan information ie. HTN, Anemia, Nutritional Status/DM, Bone/Mineral Metabolism, Neuropathy, Functioning & Well Being, Progression of CKD.

Thank you very much for allowing me to participate in Ms./Mr. care. I will continue to follow her to manage her anemia and educate her on CKD. Kindest regards.

Sincerely,

Save _____ Arm
Access Placed _____
Flu Vaccine _____
Pneumovax _____
Tetanus _____
Hepatitis B Vaccine #1 _____
Recombivax HB X 3 # 2 _____
Engeris B X 4 #3 _____
#4 _____
Transplant Clinic _____

The above is a 3 X 4 sticker that gets adhered to the front of each patient's chart