



Objectives: Kidney Disease

Acute Kidney Injury

1. Review prior assessments of renal function to determine the degree of injury and baseline.
2. With regards to medications:
 - a. Adjust or discontinue medications which may be provoking the acute kidney injury
 - b. Discontinue or rotate medication classes if appropriate
3. Utilize a thorough history and physical examination to help identify whether the acute kidney injury is pre-renal, intra-renal or post-renal in nature.
4. Monitor the urine output hospitalized patients with acute kidney injury as the management of anuric and oliguric patients differ.
5. In patients with a suspected pre-renal cause, optimize fluid balance.
6. In patients with a suspected intra-renal cause:
 - a. Provide conservative treatment for suspected acute tubular necrosis.
 - b. Consider nephrology consultation if there is a possibility that a biopsy is needed.
7. In patients with a suspected post-renal cause, relieve any obstructions, if possible.
8. Be aware of acute indications for dialysis (acidosis, hyperkalemia with anuria, refractory volume overload).

Chronic Kidney Disease

1. In patients with chronic renal failure ensure they are aware of the diagnosis and potential implications.
2. When prescribing drugs to a patient with chronic kidney disease:
 - a. Determine drug safety (e.g. interactions, dose adjustment, metabolic considerations).
 - b. Adjust doses or discontinue medications when appropriate
 - c. Monitor the impact of the drug on renal function
3. Advise patients with existing chronic kidney disease to avoid certain over-the-counter treatments (e.g. NSAIDs, herbal supplements) as they may worsen their condition.
4. In patients with moderate or severe kidney disease, provide anticipatory guidance that if they become ill and cannot maintain fluid intake they should:
 - a. Stop certain medications promptly
 - b. Seek prompt reassessment
5. In a patient with acute on chronic kidney injury:
 - a. Correct potential causative factors
 - b. Stop drugs that might be aggravating the situation



- c. Determine the appropriateness of restarting medications, once the renal function has stabilized.
6. Monitor patients with chronic kidney disease periodically, as some will worsen over time.
7. For patients with chronic kidney disease, based on patient factors and local resources, determine if and when consultation is required.
8. Ensure those involved in consultant care of patients with renal failure are aware of other important health considerations that may affect decision making around treatment.

Modified from CFPC's Priority Topics