

**CKD**  
eGFR less than 60mL/min, or  
ACR greater than 3mg/mmol  
for at least 3 months

CKD with diabetes

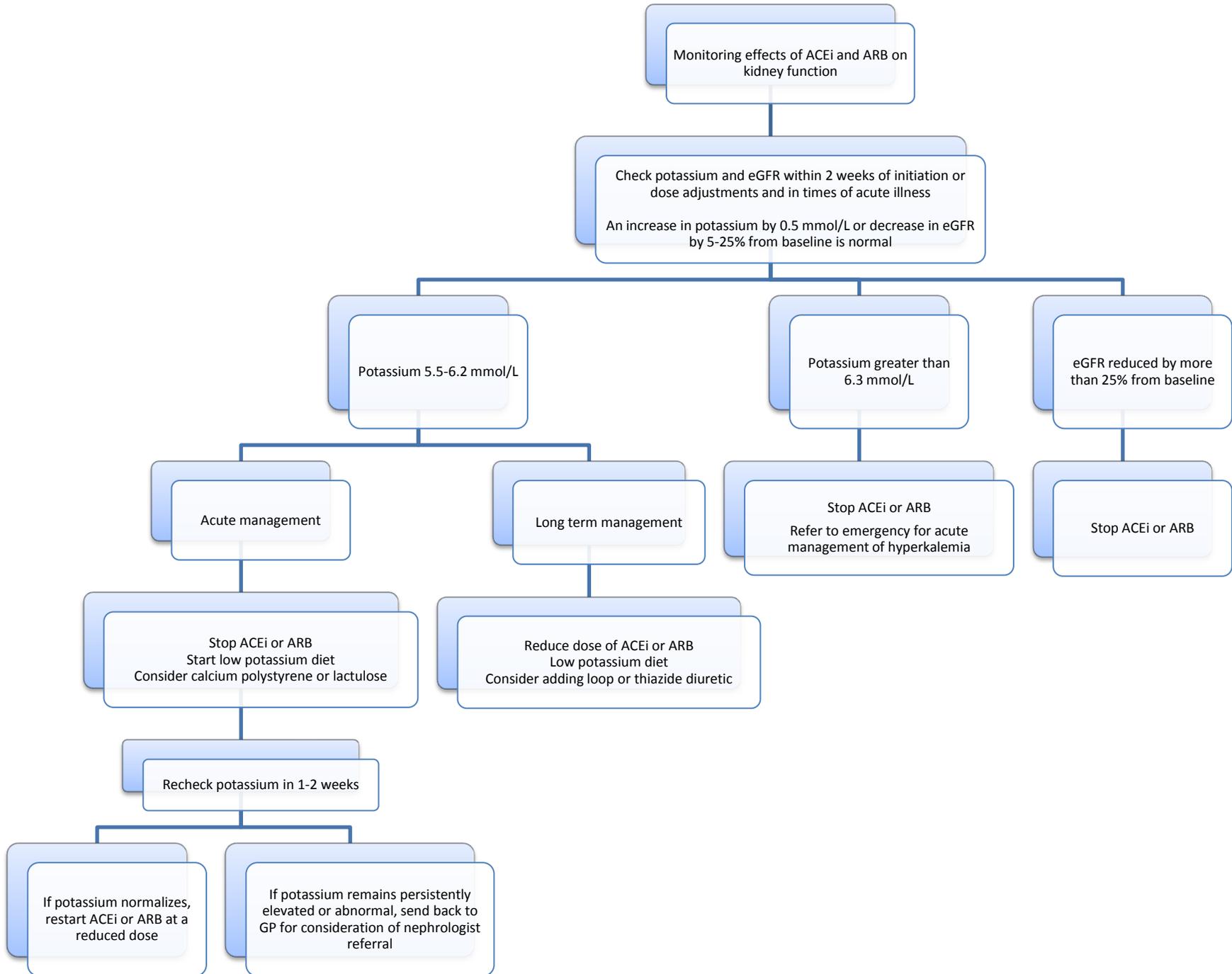
**Targets:**  
BP less than 130/80  
mmHg  
Hgb A1C less than or  
equal to 7%

**Cholesterol  
management:**  
statin for all patients  
-unless contraindicated

**Prescribe ACEi/ARB**  
-unless contraindicated

See page 3

**Antiplatelet therapy:**  
For all patients with  
established vascular  
disease  
-unless contraindicated



# Recommendations for all CKD patients

## Lifestyle management

exercise 30 min 5 times per week  
limit salt to 1.5g per day  
stop smoking  
achieve healthy BMI 18.5-25

## Avoid nephrotoxic medications

Examples of common nephrotoxic agents  
NSAIDs, COX-2 inhibitors  
tacrolimus, cyclosporine  
lithium  
radio contrast dye  
combinations of ACEi/ARB,  
NSAID plus diuretic  
aminoglycosides

## Renal dose adjust medications

1. Gather information
2. Determine renal function (eGFR)
3. Assess medications for risk of accumulation
4. Determine appropriate dose adjustment
5. Monitor for response and adverse effects
6. Re-evaluate for further dose adjustments

Examples of common classes of medications requiring dose adjustment:

antibiotics, antifungals, antivirals  
antihypertensives, antihyperlipidemics  
oral hypoglycemics, insulin  
benzodiazepines, opioids, gabapentin  
anticoagulants and heparins  
anti-gout, chemotherapy