

## **CHRONIC KIDNEY DISEASE FLOW SHEET**

This Flow Sheet is based on the Guideline, Chronic Kidney Disease Web site: http://www.bcguidelines.ca



IAME OF PATIEN	NT								SEX	AGE AT DIAGNOSIS DATE OF BIRTH	_	
M									F			
			C.	ARE OBJ	SELF MANAGEMENT (Discuss with patient)							
DIAGNOSIS	AGNOSIS   RENAL U/S											
TYPE OF CKD: HTN POLYCYSTIC KD DM (IF INDIC				(IF INDIC	CATED) DATE:				Explain diagnosis and implications of CKD  Self monitor with flow sheet			
OTHER: RESULT					RESULT:							
					Review medication list (see reverse)							
RISK FACTORS	AND CO-MO	ORBID CONE	DITIONS		☐ Discuss CVD risk assessment & management strateg☐ Kidney-specific education	ies						
Smoker									Identify support team and resources			
Alcohol/S	cohol/Substance abuse HTN				Other arrhythmia COPD				Smoking cessation: <i>Quit Now</i> 1 877 455-2233			
Obesity (target BMI < 25)		Ĺ	L CAD			HD	_	lisease	Weight, exercise and nutrition status			
Other:				nyopathy	PVD Depression				Promote psychosocial health			
			L	CHF		Lipid ab	normality			Tromoto poyonososiai ricalar		
					VISITS			5				
	BP	WEIGHT		ABS (most recent)  ACR Cr/eGFR		NOTES: CLINICAL STATUS			NICAL STATUS,	S, CARE OBJECTIVES AND FOLLOW-UP ISSUES		
	ovon visit	Lbs   Kg	A1C (DM only)	ACR q6-12m		BASELINE R	E\/IE\\/					
	every visit	every visit	q3m	q6-12m ≥ 50% <b>↓</b>	q6m	DASELINE K	∟VI∟VV					
	< 130/80	BMI < 25	≤ 7%	from	Stable*							
DATE				baseline								
											—	
											—	
											—	
DEMINITEDE:	1) FCTAE	SI ICH DECI	II VB Alei	T AND I AD	MUBK GUN	IEDIII E 2)	DEEED TO M	EDHBUI UCA	TEAM 2) * *	eGFR < 10-15% ANNUAL DECLINE	_	
VEININDEKS:	. I) ESTAL	วะเอก กัยนใ	THU AISI	I AND LAB					Y INDICATE			
1.45						-MNO/AISI	-ON AS C	I-IMOALL	-INDICATE!			
LAB WORK (at least annually)  VACCINATIONS												
LIDIDO						MINIES	PTAPOL::-	<del></del>	Annual Flu: Pneumovax (q10y):			
	_	LIPIDS		ANEMIA		0-	MINERAL M		Alburnsin	DATE DATE		
	< 2	LDL 2.5 high-	Ratio	<b>Hgb</b> WNR/110-	<b>TSAT</b> >20%	<b>Ca</b> 2.2 - 2.5	Phos 0.75 - 1.4	PTH WNR	Albumin WNR			
DATE	risk	(<70 yrs)	<4.0	125 on tx	2070		J J 1					
										Hepatitis B (series completed):		
										DATE		

MEDICATION									
NAME OF DRUG	DOSE /FREQUENCY		PRESCRIBED BY						
-									
	I.	ı	l						