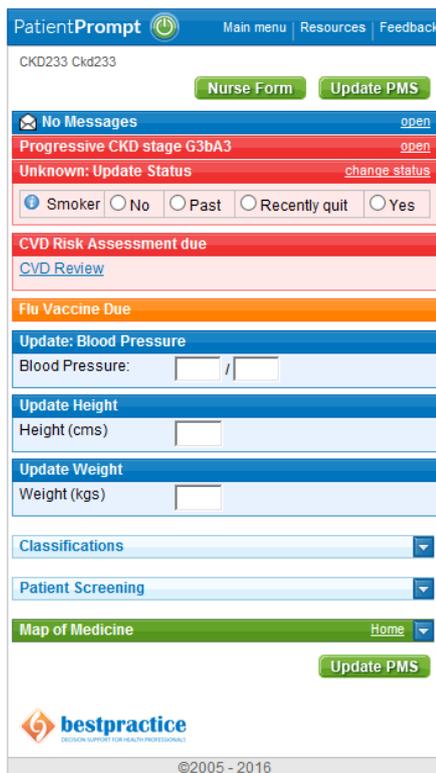


CKD Module User Guide

BESTPRACTICE DECISION SUPPORT

SYSTEM REQUIREMENTS

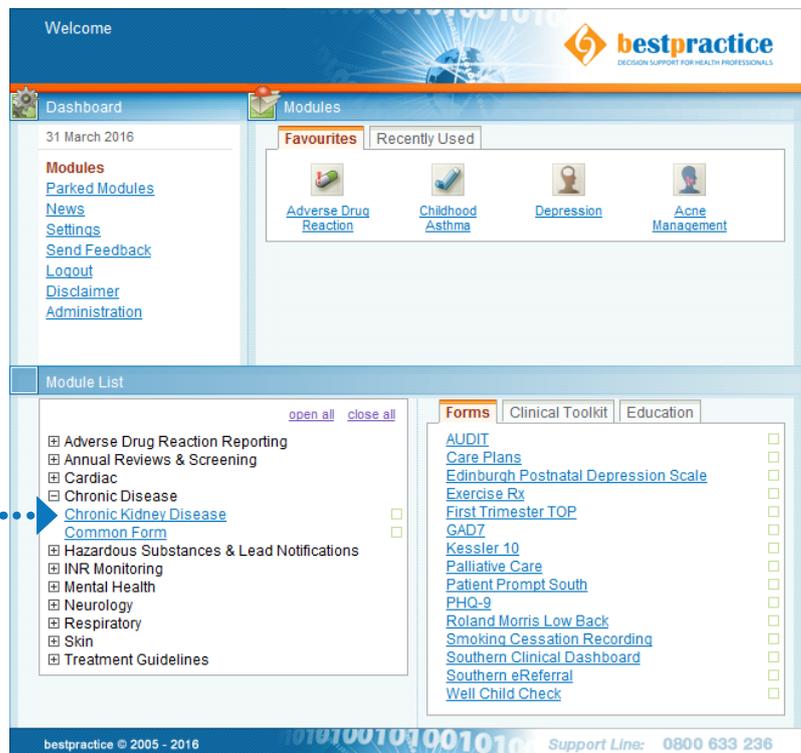
Required	Details
Medtech	32 or Evolution



LAUNCHING THE CKD MODULE

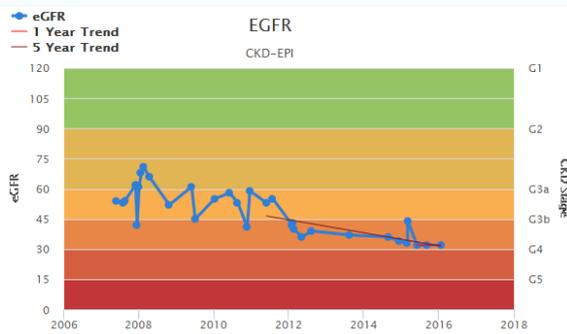
1. If your region uses the Patient Prompt you can launch the CKD module from here for patients with at least one serum creatinine lab result.
2. Click "open" on the CKD bar to launch the module.

If your region does not use the Patient Prompt you can launch the CKD module from the Main Menu, under Chronic Disease.



Progressive CKD stage G3bA3

Charts



Current/Existing Data

Laboratory Results

Serum Creatinine (most recent)	183	μmol/L	(20/01/2016)
eGFR	32	mL/min/1.73m ²	0% change from previous (02/09/2015)
Annual Rate of Change	-7	mL/min/1.73m ² /year	(01/08/2015 - 20/01/2016)
Five Year Rate of Change	-16	mL/min/1.73m ² /5 years	(28/05/2011 - 20/01/2016)
ACR (most recent)	310	mg/mmol	(11/02/2015)

Classifications

- Pregnant, renal transplant or on dialysis
 Past/Current Renal disease
 Diabetes
 No Past Recently quit Yes

New Examination

Urinalysis

- Blood
 Protein
 Leukocytes
 Glucose
 Nitrite
 Visible Haematuria

 Persistent Micro Haematuria

Blood Pressure

Blood pressure (sitting) / Enter two blood pressure readings?

Clinical Advice

Offer influenza and pneumococcal vaccinations

Minimise nephrotoxic drugs and consider renal doses of medication

Review every six months with FBC, creatinine, electrolytes, lipids, HbA_{1c} and urine albumin-creatinine ratio

Urinary protein-creatinine ratio is less sensitive but sometimes used to monitor significant levels of proteinuria

No recent serum potassium found: do not implement any advice about starting or increasing ACE inhibitors or ARBs until normokalaemia verified

Target BP is systolic 120 - 129 and diastolic less than 80

Consider recording blood pressure if patient present

Monitor blood pressure every six months

If patient not already on ACE inhibitor (or ARB), consider starting (after checking renal function including electrolytes; recheck one to two weeks after initiation)

ACE inhibitors (or ARBs) are indicated in CKD with significant proteinuria regardless of blood pressure. Please use Common Form for more detailed advice on management of hypertension

Urine ACR indicated due to previous proteinuria (no recent ACR or PCR found)

Test for haematuria with dipstick due to presence of proteinuria

Confirm a positive result with two further tests over the following two weeks

Refer to Renal

- Stage G3b and proteinuria: refer when level of proteinuria is confirmed and sustained

CKD version 2.0.0 © bestpractice 2005 - 2016

IN THE CKD MODULE

The patient's CKD stage is calculated based upon the calculated eGFR and level of protein loss, and this will display at the top of the module.

The eGFR is graphed here. You can hover over the plots on the graph for the specific value and date recorded, as well as displaying one and five year trends.

The appropriate patient data is populated from the patient record. Hover over the info icon for more information about that field.

Additional information such as pregnancy or smoking status should be added here if applicable.

Enter New Examination details here.

Clinical advice will display here, based upon the information you've entered above, as well as the existing patient data.

Referral advice will display at the bottom of the module if necessary. If your region uses *bestpractice* eReferrals you can click this button to launch a referral directly. The eReferral is pre-populated with the information the nephrologist needs, additional information can be entered.

For regions where the *bestpractice* eReferral is not available the referral and the CKD module output can be saved to the practice management system and attached to your existing referral solution.

A video walkthrough of the *bestpractice* CKD module is available at www.bestpractice.net.nz