CKD

Case Presentation

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Case 1

A 65-year-old man, known case of CKD & HTN

Without new CC

Ht = 162cm Wt = 90Kg

V/S : RR=14 PR=82 T=37 BP=125/70

No edema

Lab Test:

CBC: WBC=6700 Urea=147 Mg=2.2

FBS= 89

Hg=10 Cr=6 Ca=8.7

PLT=160000 Na=133 p=6

Bs=104 K=5.1 Alb=4.1

GFR by CKD-EPI: 9.73

Medications:

Valsartan 160 mg BD

Atorvastatin 40mg Daily

NC 2.6mg BD

Nephrotonic Daily

Calcium-carbonate 500mg BD

Erythropoietin 4000u II/wk

When do start hemodialysis?

The decision to start chronic dialysis is made in collaboration between the nephrologist and patient.

Indications for starting dialysis

- **GFR**

No absulote indication for dialysis based on GFR

- Some patients, especially those who are young and have few comorbidities, may remain relatively asymptomatic despite an eGFR<10mL/mhn/1.73m2

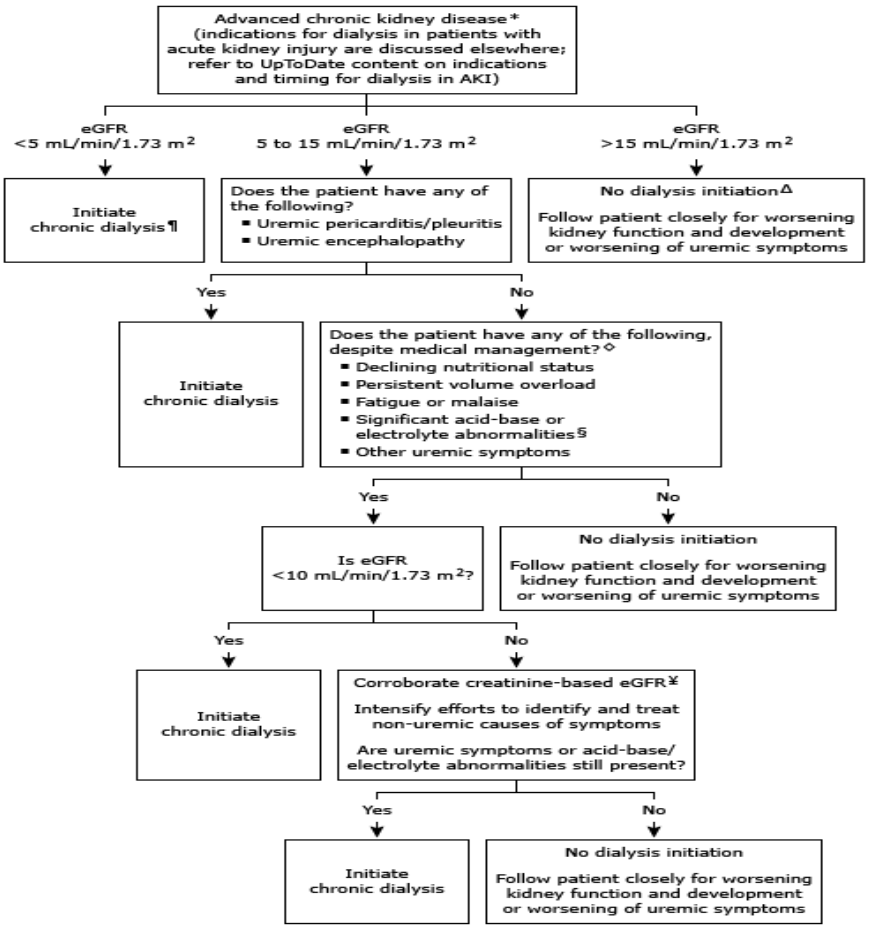
CKD-EPI

- GFR > 15cc/min No dialysis

- GFR 5-15cc/min Dialysis in those who have developed uremia-related signs and symptoms that are refractory to medical therapy.

- GFR <5cc/min Dialysis

Indications for initiation of maintenance dialysis in chronic kidney disease



This algorithm represents a general approach to dialysis initiation in

Lab Test:

CBC: WBC=6700	Urea=147	Mg=2.2
Hg=10	Cr=6	Ca=8.7
PLT=160000	Na=133	p=6
Bs=104	K=5.1	Alb=4.1

GFR by CKD-EPI: 9.73

Medications:

Valsartan 160 mg BD

Atorvastatin 40mg Daily

NC 2.6mg BD

Nephrotonic Daily

Calcium-carbonate 500mg BD

Erythropoietin 4000u II/wk

Management

Sevelamer 800mg PO TDS with food

Case 2

A 45-year-old man, Known case of DM, HTN, HLP, HF admitted to the emergency ward with dyspnea.

He has been admitted because of dyspnea three times in the last month.

Wt=65 Ht=170

V/S: RR=24 PR=88/min T=37 BP=145/65

CBC: WBC=8700

Hb=8.5	Ca=9.1	Alb=4
Urea=120	P=6.2	FBS=90
Cr= 5.6	Mg=2.3	
Na=132	BS=157	
K=5.4	HbA1c=7.1	

GFR by CKD-EPI =11.97

Medications:

Insulin

Valsartan 80 mg Daily

Atorvastatin 40 mg Daily

ASA 80 mg Daily

Nephrovit

Ca-carbonate 500mg TDS

Management

Increased Hb, Erythropoietin administration

(check: Iron, TIBC, Ferritin)

Furosemide administration

Sevelamer 800mg TDS

After a month the dyspnea resolved and there were no symptoms

Case 3

A 67-year-old women, known case of DM, HTN, Hypothyroidism, HLP, visited the clinic to have her tests checked.

She had no new complaints, except 2+ edema in lower limbs.

No change in weight

Wt=60 Kg Ht=167

CBC: WBC=6500	K=5.1	PH=7.38
Hb= 10.5	Ca=7.8	PCO2=38
Plt=210000	P=4.9	Hco3=22
Cr=3.8	Alb=3.3	TSH=2.1
Urea=89	Mg=2.2	
Na=141		

GFR: CKD-EPI=12.44

Insulin
Atorvastatin
ASA
Levothyroxin
Ca-carbonate
Valsartan
Carvedilol

Symptoms of malnutrition

Therefore: Starting Hemodialysis

Renal Replacement Therapy

Hemodialysis

Peritoneal dialysis

Transplantation