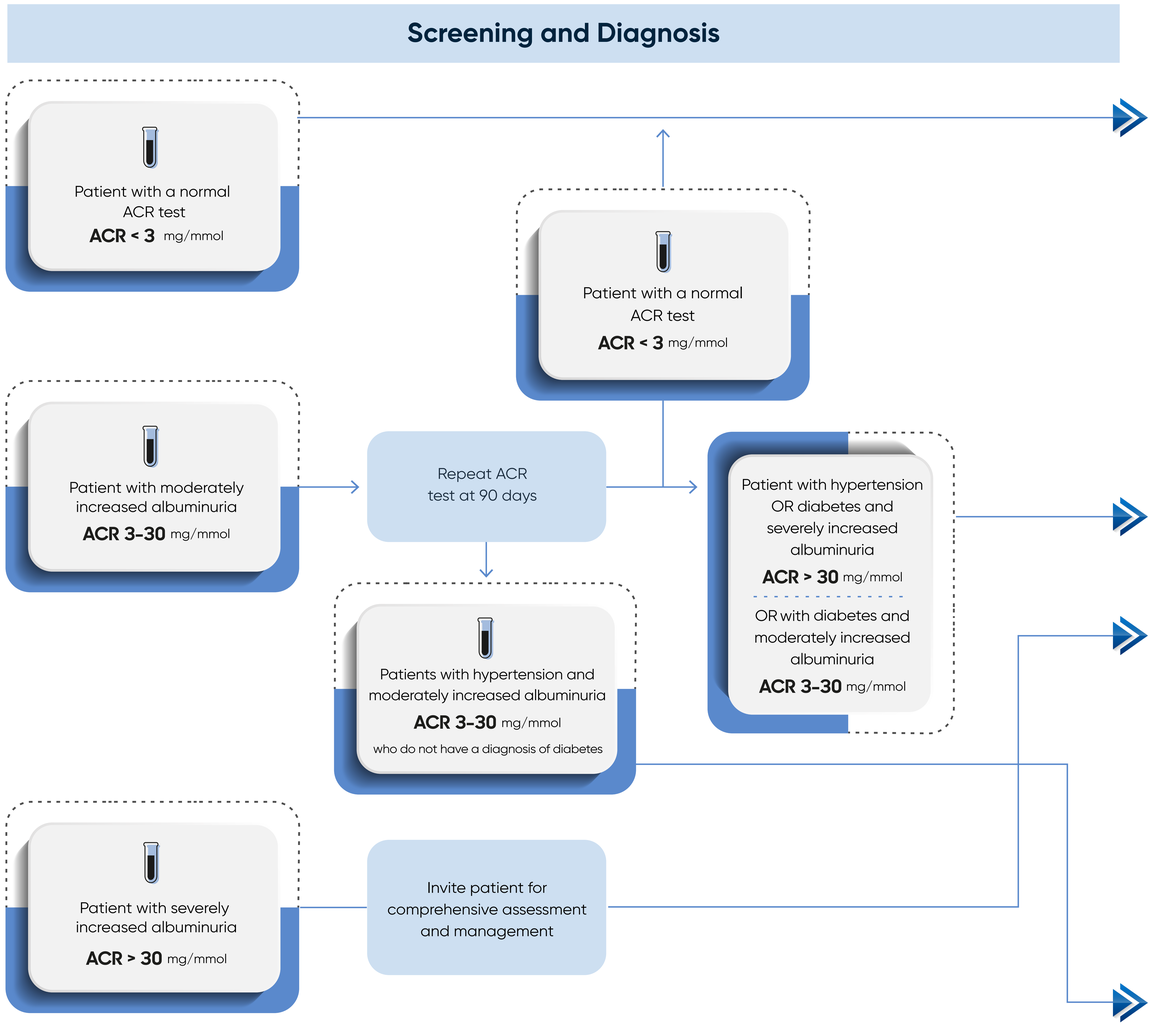
Primary Care Urine ACR Pathway | For patients who have not had an ACR in the last 12 months



Management Plan

Review for CKD at recommended intervals as per NICE guidelines[1]

- Code patient's CKD status on medical record [2]
- Full cardiovascular risk assessment including relevant history inc: smoking status, physical examination (inc. weight), labs and QRISK etc
- Discuss/offer lifestyle measures for control of modifiable risk factors e.g. referral to local weight loss pathway, smoking cessation etc
- Prescribe maximum dose of ACE-i or ARB. Consider addition of SGLT2 inhibitor in-line with local pathways
- Avoid NSAIDs and other nephrotoxic medications
- Aim for BP <140/90 unless ACR >70 mg/mmol, whereby aim BP <130/80[3]
- Consider antiplatelet and lipid lowering therapy as indicated by cardiovascular risk[3]
- Consider referral to secondary care as per NICE guidance and local pathways

Note 1: Where ACEi not tolerated then offer ARB

Note 2: Renal function and electrolytes should be checked before starting ACEi (or increasing the dose) and monitored during treatment (more frequently if side effects mentioned are present).

Note 3: In certain conditions, e.g. pregnancy, statins and ACEi/ARB are NOT considered to be safe. Refer to the BNF https://bnf.nice.org.uk/ for guidance before prescribing.

Hypertensive treatment as per NICE guidelines

References

1. https://www.nice.org.uk/guidance/ng203/chapter/recommendations#investigations-for-chronic-kidney-disease - Table 2 AND https://www.nice.org.uk/guidance/ng136/
2. https://ukkidney.org/health-professionals/information-resources/uk-eckd-guide/ckd-stages
3. https://www.nice.org.uk/guidance/ng203/chapter/Recommendations#pharmacotherapy

Based on guidance by NICE National Institute for Health and Care Excellence