Kimberley Aboriginal Health Planning Forum

Po Box 1377,
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Protocol Review Evidence used and rationale

Protocol name:

Chronic Kidney Disease (CKD)

Rationale:

Chronic Kidney Disease (CKD) impacts a large proportion of the population in the Kimberley. Due to the high burden of disease, primary care providers take on much of the day-to-day management of CKD, including preventive care in early-stage CKD and care coordination for patients with advanced CKD. CKD is largely asymptomatic, therefore screening for CKD is an important part of universal preventive activities such as adult health checks.

Working Group:

Emma Griffiths / James Stacey (KRS SMOs)

Evan Chapman / Rebecca McMullin (KRS pre-dialysis coordinators)

Review / Input from:

RPH Nephrology: Khalil Patankar and Anoushka Krishnan

Kimberley Regional Physician Team: Sarah Straw

Primary provider / chronic disease nurse: Katy Crawford

Boab Health: Tara Rawson (dietician referral guidelines)

Environmental health subcommittee

Discussion Points:

There have been few clinically significant changes in management of CKD in general practice guidelines in Australia, therefore the majority of the revisions have been intended to improve the usability of the guideline and to correct some omissions from the previous version. As for previous versions of the protocol, recommendations are intended to be in line with the national reference document (Chronic Kidney Disease (CKD) Management in Primary Care, Kidney Health Australia). Deviations from this document are made where required to account for the different epidemiology of CKD in the Kimberley region and the increased role primary providers play in care delivery.

Changes from the previous version include:

Screening:

- Minor edits to screening section for brevity, incorporated table 2 into dot points
- Updated risk factors to include age > 60 for non-indigenous persons

Assessment:

- Changed HBV screening to only if immune, to reduce unnecessary tests

Management:

- Changed acceptable creatinine rise from 25% to 30% as per KDIGO
- Added full list of drugs to consider withholding in AKI (SADMANS)
- Revised calcium section for clarity >> prefer early discussion with renal GP / nephrologist for patients with hypocalcemia / hyperparathyroidism and CKD 4-5 so less detail required.
- Added: insulin, gliclazide, sitagliptin, empagliflozin, atenolol, trimethoprim/cotrimoxazole to drugs table
- Added brief guidance on radiological contrast media to drugs table

Refer-discuss:

- Additional guidance on what to include on renal referrals, with simplification of referral processes to KRS and RPH nephrology
- Additional guidance on indications for allied health referrals for renal patients.
- Added reference to SEWB

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Resources and References:

Key references used:

Kidney Health Australia CKD management in Primary Care handbook: https://kidney.org.au/health-professionals/ckd-management-handbook

This protocol was reviewed to be consistent with the above document wherever possible, with variations to accommodate local regional requirements where needed.

Caring for Australasians with Renal Impairment Guidelines, Kidney Health Australia: http://www.cari.org.au/

KDIGO (Kidney Disease: Improving Global Outcomes) guidelines, available: https://kdigo.org/guidelines/

RANZCR Iodinated contrast guidelines: https://www.ranzcr.com/college/document-library/ranzcr-iodinated-contrast-guidelines

UpToDate for specific evidence reviews.

Recommended review period – three years.