



Chronic Kidney Disease Waltham Forest Template Guide 2018

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<http://www.qmul.ac.uk/blizard/ceg/>

Template Control Page

Chronic Kidney Disease WF Template Guide

Title	Chronic Kidney Disease WF
Author	CEG
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DOCUMENT MANAGEMENT REVISION HISTORY

Version	Date	Summary of Changes
Vr 1	Nov 2016	New template based on the ELC one. Removed picking list allowing CKD diagnosis coding as this encourages double coding. Edited the advice on coding to show the exact codes they can use. Removed references to other localities incentive schemes. Added diary entry for eGFR test. Moved eGFR value to Community page Added latest entry of eGFR to the beginning of the template. Added info on recommended b/p levels.
Vr2	Apr 2018	Changed Thiazide adverse reaction code Added coding and management information Added Vitamin B12 and folate
V3	March 2019	Added Nephrologist page - this is for consultants to use.
V4	May 2019	Updated hyperlink for CEG pages
V5	November 2019	Added last entry for HIV testing

AUTHORISATION

Reviewed by	Approved by	Date
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Library Items, and concepts used by this template

Library Items
Adult Immunisations TH CEG 1.0
Dementia Screening and Assessment CEG 1.0
Lifestyle Intervention Waltham Forest CEG 1.0
Ethnicity, country and language TH CEG 1.0
Concepts
CKD Concept 2 CEG

CKD WF Template Guide



Please see separate template guides for the following pages:

- Lifestyle Intervention Tower Hamlets CEG
- Ethnicity CEG
- Dementia Screening and Assessment CEG
- Adult Immunisations CEG

CKD Review Main Page

Prompt	Code	What does this prompt mean	EMIS WEB Consult. Section
CKD Template - *Signifies QOF indicators for this domain, **Signifies Locality Services Payment indicator			
CKD Review			
CKD annual review	6AA / 24914100 0000102	Tick box	Additional
** Latest CKD Stage coded	All QOF codes	Latest CKD Diagnosis	
Latest eGFR value	451E/ 10202910 00000106	Value	Result
		Remember to multiply the eGFR by 1.21 for Afro Caribbean ethnicity. Use ethnicity page to record this if necessary.	
Serum Creatinine	44J3 / 10000731 00000010 7	Value	Result
Urine albumin/creatinine ration	46TC / 10234910 00000104	Value	Result
Urine Protein/Creatinine ration	44ID / 10287310 00000100	Value	Result
Patient's latest eGFR does not match their CKD stage, please check eGFR results history and change stage if clinically appropriate (Visibility Rule: CKD Concept 2 CEG)			
	Info	CKD Stage 3A - code 1Z15 (eGFR 45-59) CKD Stage 3B - code 1Z16 (eGFR 30-44) CKD Stage 3 -code 1Z12 (eGFR 30-59) CKD Stage 4 -code 1Z13 (eGFR 15-29) CKD Stage 5 -code 1Z14 (eGFR <15 or renal replacement therapy)	
CKD Stage and Coding			
	Info	CODING FOR CKD IS IMPORTANT AND IMPROVES CARE. USE A COMBINATION OF THE eGFR AND PROTEINURIA TO SELECT THE CURRENT CKD STAGE. USE THIS LINK FOR ADVICE ON STAGING CKD	

NICE CKD guideline 2014	Hyperlink	https://www.nice.org.uk/guidance/cg182/chapter/Introduction	
		<p>Proteinuria - an important marker of kidney disease which increases the risk of progression of CKD and CVD. The urine albumin:creatinine ratio is recommended to quantify proteinuria.</p> <p>You can use one of the following CKD codes:</p> <p>1Z1B. CKD 3 with proteinuria 1Z1C. CKD 3 without proteinuria 1Z1D. CKD stage 3A with proteinuria 1Z1E. CKD stage 3A without proteinuria 1Z1F. CKD stage 3B with proteinuria 1Z1G. CKD stage 3B without proteinuria 1Z1H. CKD stage 4 with proteinuria 1Z1J. CKD stage 4 without proteinuria 1Z1K. CKD stage 5 with proteinuria 1Z1L. CKD stage 5 without proteinuria</p>	
Blood pressure treatment			
	Info	<p>Aim for Blood Pressure under 140/90 for CKD patients (130/80 if also diabetic or ACR>30).</p> <p>1st choice: ACE/ARB 2nd choice: CCB 3rd choice: Diuretic</p> <p>Lowering blood pressure reduces the rate of decline in eGFR. ACEI/ARB are more effective than other agents. Both drugs also reduce proteinuria.</p> <p>Starting an ACE-I/or ARB - check creatinine and K+ before start and 2 weeks after dose change. If K+ is \geq 5.5, do not start an ACE-I or ARB and refer to CEG guidelines:</p>	
CEG CKD guidance	Hyperlink	https://www.qmul.ac.uk/blizard/media/blizard/documents/ceg-documents/Guidance-to-support-community-renal-clinics,-July-2015.pdf	
	Info	If the fall in eGFR is 25% or more of the baseline value stop the renin-angiotensin system antagonist and substitute other medication. Consider specialist advice from the virtual CKD service.	
Blood pressure	246 / 163020007	Value Enter for Systolic and Diastolic	Examination
Potassium	4414 /	Value	Result
Examination			
Height	229	Value for height: required to calculate BMI	Examination
Weight	22A	Value for weight: required to calculate BMI.	Examination
Body mass index	22K	Calculated by EMIS automatically	Examination

Diet advice	8CA4	Tick box	Additional
Pulse rate	242	Value	Examination
Pulse Rhythm		2431 O/E – pulse rhythm regular 2435 O/E – irregular pulse 2432 O/E – pulse irregularly irreg.	Examination
Urine protein		Urine protein test negative(4672) Urine protein test = trace(4673) Urine protein test = +(4674) Urine protein test = ++(4675) Urine protein test = +++(4676) Urine protein test = ++++(4677) <i>Tooltip:</i> Picking list of proteinuria results.	Result
Urine blood test		Urine blood test = negative (4692) Urine blood test = + (4695) Urine blood test = ++(4696) Urine blood test = +++ (4697) <i>Tooltip:</i> Picking list of haematuria results.	Result
CVD Risk section			
		CKD is a powerful risk factor for CVD. Recent NICE guidance on primary prevention of CVD advises: Offer atorvastatin 20 mg for the primary or secondary prevention of CVD to people with CKD. Due to other CVD risk factors If high intensity statin is clinically appropriate and eGFR is less than 30ml/min, seek specialist advice.	
Serum Cholesterol	44P	Value	Result
HDL Cholesterol	44P5	Value	Result
HbA1c Level (IFCC standardised)	42W5	Value	Result
Bone mineral metabolism and management			
		When the eGFR falls below 45ml/min, check serum 25-hydroxyvitamin D. If this is low, indicating vitamin D deficiency treat with a dose aimed at maintaining vitamin D levels > 75 nmol/L (1,000iu cholecalciferol a day)	
Serum Albumin	44M4	Value	result
Corrected Calcium	44IC	Value	result
Vitamin D3 Level	44LP	Value	Result
Phosphate	44I9	Value	Result
CEG CKD guidance	Hyperlink	https://www.qmul.ac.uk/blizard/media/blizard/documents/ceg-documents/Guidance-to-support-community-renal-clinics,-July-2015.pdf	
Management of anaemia due to CKD			
		If eGFR<45 ml/min check Hb If Hb<11 check haematinics. Consider chronic anaemia due to CKD if Hb<95, normal haematinics. Refer for further advice via vCKD service	
Haemoglobin estimation	423	Value	Result
Ferritin	42R4	Value	Result
MCV	42A	Value	Result

Management of haematuria due to CKD			
		<p>Haematuria associated with proteinuria and/or a low eGFR, should trigger referral to a nephrologist as glomerular disease is likely.</p> <p><u>Visible haematuria:</u> This always needs investigation - two week urology suspected cancer referral is recommended.</p> <p><u>Non-visible haematuria:</u> If over 40years, 2 week Urology referral to exclude Urological cancer. If under 40 years checks Renal USS, PSA, MSU and Urine Cytology.</p> <p>ESR, CRP, protein electrophoresis indicated if a multisystem disorder, or myeloma is suspected</p> <p><u>Renal Ultrasound:</u> indicated if the history is suggestive of obstruction (consider PSA in men), if there is a positive FH for polycystic kidney disease, and progressive CKD.</p>	
Additional investigations			
CRP	44CC		Result
ESR	42B6		Result
Protein electrophoresis	44N		Result
PSA	43Z2		Result
Renal USS	585B		Result
	Info	Many people with HIV also have CKD	
Last entry of HIV test result	4JR7	Last entry code	
Follow up			
eGFR test due	EMISNQE S3	Diary entry for eGFR test Allow Text Prompt for date	
CKD Annual review due	6AA	Diary entry for annual review Prompt for date	
Community Renal Clinic Referral			
	Info	<u>Who to refer?</u> Anyone you would normally send to renal out patients and anyone for who you need advice from a nephrologist.	
2014 NICE guidance on referral	Hyperlink	https://www.nice.org.uk/guidance/cg182/chapter/1-Recommendations#referral-criteria	
How to refer	Hyperlink	https://www.bartshealth.nhs.uk/renal	
	Info	A nephrologist will a) Review the patient notes b) Document advice and management in the renal community clinic record on EMIS Web	

		c) The admin team will notify the clinician and the practice to view the shared record (using the practice and clinician nhs.net email)	
Referral to community nephrology clinic	EMISNQR E498	Tick box	Additional

Resources Page

Resources for Clinicians

CEG Website	Hyperlink	For CEG Clinical Guidelines, QOF updates etc. http://blizard.qmul.ac.uk/ceg-home.html	
Renal page on CEG website	Hyperlink	https://www.qmul.ac.uk/blizard/ceg/renal-health-service/	
Barts Health renal services website	Hyperlink	https://www.bartshealth.nhs.uk/renal	
NICE CKD guidance	Hyperlink	https://www.nice.org.uk/guidance/cg182	
CEG CKD Guideline	Hyperlink	https://www.qmul.ac.uk/blizard/media/blizard/tmp/migration-files/blizard/ceg-resource-library/clinical-guidance/clinical-guidelines/539-ckd-guidance-2015/CKD-Guidance-2015.pdf_-filename_=UTF-8%20CKD%20Guidance%202015.pdf	

Exception Reporting Page

Whole Register Exclusion Criteria

Info		<p>“Informed dissent” means that a patient does not agree to investigation or treatment, and this is recorded in their medical records.</p> <p>“Patient Unsuitable” means it is not appropriate to review the chronic disease parameters due to particular circumstances, e.g. terminal illness or other supervening condition, or extreme frailty.</p>	
* Exception Reason		Pt unsuitable (9hE0) Informed dissent (9hE1) Text box	Additional
Drug prescriptions are recorded at time of issue, not through the template. Template entries relate to OTC or exclusion criteria.			
Diuretic therapy		Diuretic contraindicated(8I2D) Diuretic declined (8I3K) Thiazide adverse reaction(TJE3.)	Additional
Statin therapy		Statin contraindicated (8I27) Statin declined (8I3C) Statin not indicated (8I63) Statins not tolerated (8I76) Statins adverse effect in therapeutic use (U60CA)	Additional
BB Therapy		Beta blocker contraindicated (8I26) Beta blocker declined (8I36) Beta blocker not indicated (8I62) Beta blocker not tolerated(8I73) Beta blocker adverse reaction (TJC6)	Additional

Calcium Channel Blockers		CCB contraindicated (812B) CCB declined (813I) CCB not indicated(8168) CCB not tolerated (8177) CCB adverse effect in therapeutic use (U60C1)	Additional
ACE Therapy		ACE contraindicated (8128) ACE inhibitor declined (813D) ACE inhibitor not indicated (8164) Ace inhibitor not tolerated (8174) H/O ACE inhibitor allergy (14LM)	Additional
ARB therapy		Angiotensin II receptor antagonist contraindicated (812H) Angiotensin II receptor antagonist declined (813P) Angiotensin II receptor antagonist not indicated (816C) Angiotensin II receptor antagonist not tolerated (8175) Angiotensin II receptor antagonist adverse effect in therapeutic use (U60CB)	Additional
Max Tol Hyp Ther	8BLO	Tick box	Additional

Nephrologist consultation Page

Consultation details			
History		Free text	Additional
Comment		Free text	Additional
Clinical Info			
The likely causes of kidney disease in this patient are (leave blank if renal diagnosis uncertain):		Predefined text Allow text	Additional
Cause of kidney disease (only select more than one if needed)		Free text picking list: Type 2 Diabetes Mellitus Hypertensive disease Ischaemic Nephropathy Congestive Heart Failure Polycystic Kidney Disease H/O; Acute Kidney Injury Chronic Glomerulonephritis Obstructive uropathy, unspecified Chronic drug-induced renal disease Small kidney of unknown cause Other kidney disorders Pick more than one	History
Appointment Type (Tick only one)			
Initial patient assessment	3891	Tick box	Additional
Patient reassessment	6A	Tick box	Additional

Outcome			
Refer to hospital renal clinic	8H7a	Tick box Allow text	Additional
Discharge to GP care	8HgG	Tick box Allow text	Additional
Keep under virtual review	6A5	Tick box Allow text	Additional
Referred to nurse led CKD specialist			
Referral to clinical nurse specialist	8Hx	Tick box Allow text	Additional
For use by CKD Nurse only			
Individualised educational programme	8CMA	Tick box Allow text	Additional