

Renal  
Physicians  
of Georgia, P.C.

Carlos Martinez, MD

Abdeen Farah Musa, MD

1205 Watson Blvd Ste B, Warner Robins GA 31093

478-217-2347

165 Emery Hwy Ste 100, Macon GA 31217

478-741-2150

2400 Bellevue Rd Ste B, Dublin GA 31021

478-272-9688

292 Industrial Blvd, Hawkinsville GA 31036

478-892-8010

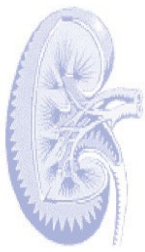
1031 Keith Dr, Perry, GA 31069

478-987-7164

Early referral of chronic kidney disease patients offers many advantages for the patient and patient's family. We begin the process of education and preparation for renal replacement therapy, benefits of early referral include the following:

- Determine the cause of Renal Failure Chronic vs. Acute
- A diligent search may reveal a potentially reversible cause of renal failure.
- A number of measures may be implemented to preserve the remaining renal function, e.g., good control of blood pressure, glucose control in diabetics, nutritional guidance, and avoidance of nephrotoxic drugs.
- Upper extremity vessels may be preserved for placement of a native arteriovenous fistula at CKD stage IV, which is the most reliable type of vascular access. Since it may take up to six months for a fistula to mature, it is critical that early surgical referral be made. Dialysis grafts and catheters are suboptimal because of recurrent thrombosis and infection. In addition, central venous catheters may irreversibly damage proximal veins precluding future use of that extremity for vascular access. The cost of these complications in the U.S. amounts to over one hundred million dollars annually.
- Treatment of anemia with erythropoietin may significantly improve life quality.
- Secondary hyperparathyroidism may be treated with phosphate binders and calcitriol.
- Referral to a team consisting of a nephrologist, renal dietitian, dialysis nurse, social worker and financial counselor allows time to establish the best treatment modality for the patient, develop financial support if needed and to allay the fears of both patient and family.”

Our nephrologist will develop a long-term management plan in collaboration with the PCP to assist in optimizing the patient's care. In the coordination of care our providers will communicate any new finding or specific work-up (e.g. Anemia due to multiple myeloma, cardiac evaluation) We will also communicate on additional referral needs(e.g. cardiologist, gastroenterologist) other than Vascular access referral. Our Goal is coordinate care and provide the patient with a long healthy life.



## How to determine referral with RPGA for Chronic Kidney Disease Let's Work Together

Early Identification and Management of CKD is cost effective and can reduce the risk of kidney failure progression and cardiovascular disease by 50%. Non Renal specialists play a crucial role in early CKD detection. If your patient has a key risk factor for CKD they should undergo a Kidney Health Screen.

### CKD Risk Factors

- Any GFR < 59 or raising serum creatinine from prior labwork.
- Diabetes
- High blood pressure
  - Long term history
  - Suspected secondary HTN
  - Sudden worsening of poorly controlled BP
  - Rapid onset requiring multiple medications
- Heart and blood vessel (cardiovascular) disease
- Smoking as a risk factor of vascular disease
- Obesity
- Being African-American, Native American, Hispanic or Asian-American with any risk factor
- Family history of kidney disease (e.g. family members on dialysis)
- Abnormal kidney structure (finding by ultrasound)
- Older age

### Kidney Health Check

#### **Urinalysis ("Dip Stick") - Proteinuria**

Proteinuria has been demonstrated to be an independent risk factor for progression of renal disease and vascular disease.

Microalbuminuria is a predictor of progressive renal disease in diabetes.

- Patient without diabetes – Spot Test for Urine protein - Abnormal > 30mg/dL and Urine Protein Creatinine Ratio
- Patient with diabetes - Test for microalbumin - Abnormal > 3mg/dL and UA – abnormal protein >1

#### **Blood pressure assessment**

Hypertension can contribute to the development of CKD.

- Difficult HTN
- Expected Secondary HTN

#### **Estimated Glomerular Filtration Rate (eGFR)**

The eGFR is considered to be an accurate measure of kidney function.

Abnormal result < 59 mL/min/1.73m<sup>2</sup>

### 5 Stages of CKD

Stage	Definition	eGFR (mL/min/1.73m <sup>2</sup> )
1	Presence of kidney damage (e.g. Proteinuria) with normal or raised GFR	≥90
2	Presence of kidney damage, with mildly reduced GFR	60-89
3 a	Mild to Moderate reduced GFR	45-59
3 b	Moderately reduced GFR	30-44
4	Severely reduced GFR	15-29
5	End-stage Renal Disease	<15