Calculating the stage of Renal Disease

When the "**Refresh Template/Check Labs**" button is depressed, the box next to "**MDRD**", will be automatically checked. In order to use this in the calculation of the stage of renal disease, it is necessary to manually click in any of the boxes next to one of the other formulae and then recheck the box by the "**MDRD**" calculated GFR. Once this is done, it is possible to calculate the stage of renal disease as will be discussed below. (This action "loads" the computation of Stage of Renal Disease with the formula which will be used for the determination of the estimated GFR which will in turn be used to calculate the Stage of Renal Disease.)

The following is a screen shot of the Master Renal Template after the "**Refresh Template/Check Labs**" has been clicked. Notice the box next to "MDRD" is checked.



Now it is important to place a check mark in the box beside any formula other than MDRD. See the following screen shot with a red circle around the check box beside the Jeffittee formula box.

	c Renal Failure		Patient Sex M Age 62	Home
Assessment Guid	elines <u>Kidney Disease Sur</u>	nmary		Lab Results
	Refresh Template	e / Check Labs	Hydration Assessment	
Height 73.00 in	MS Strip	11	Serum Osmolality 311.5	Classification
Veight 185.0 lb	Alb/Creat	11	Serum Osmolarity 304.1	Evaluation
BMI 24.44	Prot/Creat	11	Anion Gap 10.0	Acute Renal Disease
Body Fat 27.1 %	24Hr Urine Pro	11	Osmolar Gap	Proteinuria
BMR 2332 cal/da	y Sodium 145	01/06/2010	Est. Glomerular Filtration Rate	GFR
BEE 1723 cal/da		01/06/2010	Predicted 84 % Use?	
Waist 36.00 in	BUN 16	01/06/2010	MDRD 90 107.1 C	GFR and Anemia
Hips 42.00 in	Creatinine .9	01/06/2010	Jelliffe (double-click)	GFR and Hypertension
Risk Ratio 86	Chloride 107	01/06/2010	Cockcroft-Gault 101 120.2	GFR and Nutrition
Blood Pressure	HqbA1C 8.1	01/06/2010	Salazar & Corcoran 107 127.4 🕥	GFR and Bone Disease
138 / 50 mmHg	Fructosamine	11	Schwartz	GFR and Neuropathy
	Glucose 124	01/06/2010	Urinalysis 01/06/2010 UMBC 5	Renal Failure
Diabetes Mellitus	HGB 11.8	01/06/2010	Ketones Negative URBC 1	
+ • - 0	HCT 37.9	01/06/2010	Leukocytes Negative UEPI	Assessment
Diabetic Since (year) 19		11	Nitrates Negative Bacteria	Document
Metabolic Syndrome	B12 646.8	11/20/2009	Spec Grav .000 Mucous	
+ 🖲 - 🔿	Folic Acid	11	Glucose Normal Casts	Physician Information
Hypertension Management	Serum Iron 35	11/20/2009	Protein 100 Yeast	Physician information
Weight Management	IBC 374	11/20/2009	24 Hr Urine Creatinine	
Lipids Management	Ferritin 63	11/20/2009		
Vitals Over Time	EPO 79.90	12/11/2009	Cholesterol 126 12/10/2009	
	Ionized Calcium 5.7	11/20/2008	HDL 24 12/10/2009	
	РТН 34	04/04/2007	LDL 44 12/10/2009	
	Phosporous 4.3	03/14/2007	Triglycerides 287 12/10/2009	
	Vitamin D	11		
	Calcitrol	11		
	Sed Rate 62	12/02/2009		
	Prealburnin 20.40	01/06/2010		

Now, you must manually return the check mark to the box by "MDRD." This process "loads" the equation for the calculation of the Stage of Renal Disease. If you miss this step, you will be told that you have to answer all questions and you will have to come back to this point and take this step before proceeding.

Assessment G	nic Renal Fa uidelines <u>Kidney Dise</u>		nary	Sex	×	Age 62		Home
		emplate	/ Check Labs		Hydration	n Assessment	1	Lab Results
								Classification
Height 73.00 in	MS Strip				Serum Osmo			Evaluation
Veight 185.0 lb	Alb/Creat				Serum Osmo Anion Gap	10.0		Acute Renal Disease
BMI 24.44 Body Fat 27.1 %	Prot/Creat				Osmolar Gap			
	24Hr Urine Pro							Proteinuria
	l/day Sodium I/day Detacoium	145	01/06/2010	Est. Glom	erular Filtratio	A CONTRACTOR OF A CONTRACTOR A		GFR
Avaist 36.00 in	Fotassium	4.4	01/06/2010	Predicted		84 %	Use?	GFR and Anemia
Hips 42.00 in	BUN	16	01/06/2010	MDRD		90 107.1	. 📀	GFR and Hypertension
Risk Ratio 86	Creatinine	.9	01/06/2010	Contraction of the second second	double-click)		0	
Blood Pressure	Chloride	107	01/06/2010	Cockcroft		101 120.2	-	GFR and Nutrition
Line I Line	HgbA1C	8.1	01/06/2010	1	-	107 127.4		GFR and Bone Disease
	Fructosamine		11	Schwartz	<u>د</u> ا		0	GFR and Neuropathy
	Glucose	124	01/06/2010	Urinalysis	01/06/2010	UMBC 5		Renal Failure
Diabetes Mellitus	HGB	11.8	01/06/2010	Ketones	Negative	URBC 1		Assessment
+ • - (нст	37.9	01/06/2010	Leukocytes	Negative	UEPI		
Diabetic Since (year)	1998 Retic Count		11	Nitrates	Negative	Bacteria		Document
Metabolic Syndrome	B12	646.8	11/20/2009	Spec Grav	.000	Mucous		
+ 🖲 - (Folic Acid		11	Glucose	Normal	Casts		Physician Information
Hypertension Manageme	nt Serum Iron	35	11/20/2009	Protein	100	Yeast		
<u>Neight Management</u>	IBC	374	11/20/2009	24 Hr Urine (Creatinine		7	
<u>Lipids Management</u>	Ferritin	63	11/20/2009					
Vitals Over Time	EPO	79.90	12/11/2009	Chole	esterol 🛛	126 12/10/	2009	
	Ionized Calcium	5.7	11/20/2008	HDL		24 12/10/	2009	
	PTH	34	04/04/2007	LDL	4	12/10/	2009	
	Phosporous	4.3	03/14/2007	Trigly	/cerides 🛛	287 12/10/	2009	
	Vitamin D		11					
	Calcitrol		11					
	Sed Rate	62	12/02/2009					
	Prealbumin	20.40	01/06/2010					

An explanation of the other five formulae will be presented below, but at this point, we will present the explanation of how to complete the evaluation of the stage of renal disease.

After removing the check box from beside the MDRD, placing it next to any of the other five formulae and then returning it to the box next to MDRD, you must select the navigation button entitled "**Evaluation**" in the fourth column of the Master Renal template. It is outlined in red below.

Chronic	Renal Failure		Patient	
Assessment Guideline			Sex M Age 62	Home
	Refresh Template	e (Check Labe	Hydration Assessment	Lab Results
				Classification
Height 73.00 in	MS Strip	11	Serum Osmolality 311.5	Evaluation
Veight 185.0 lb	Alb/Creat	11	Serum Osmolarity 304.1 Anion Gan 10.0	Acute Renal Disease
BMI 24.44	Prot/Creat	11	Anion Gap 10.0 Osmolar Gap	
Body Fat 27.1 %	24Hr Urine Pro	11	Osmolar Gap	Proteinuria
BMR 2332 cal/day	Sodium 145	01/06/2010	Est. Glomerular Filtration Rate	GFR
BEE 1723 cal/day	Potassium 4.4	01/06/2010	Predicted 84 % Use?	GFR and Anemia
	BUN 16	01/06/2010	MDRD 90 107.1 O	GFR and Hypertension
· · · · · · · · · · · · · · · · · · ·	Creatinine .9	01/06/2010	Jelliffe (double-click)	
ruok rukio jes	Chloride 107	01/06/2010	Cockcroft-Gault 101 120.2 O	GFR and Nutrition
Blood Pressure	HgbA1C 8.1	01/06/2010	Salazar & Corcoran 107 127.4 O	GFR and Bone Disease
138 / 50 mmHg	Fructosamine	11	Schwartz C	GFR and Neuropathy
	Glucose 124	01/06/2010	Urinalysis 01/06/2010 UV/BC 5	Renal Failure
Diabetes Mellitus	HGB 11.8	01/06/2010	Ketones Negative URBC 1	Assessment
+ • - •	HCT 37.9	01/06/2010	Leukocytes Negative UEPI	Desument
Diabetic Since (year) 1998	Retic Count	11	Nitrates Negative Bacteria	Document
Metabolic Syndrome	B12 646.8	11/20/2009	Spec Grav .000 Mucous	
+ • - •	Folic Acid	11	Glucose Normal Casts	Physician Information
Hypertension Management	Serum Iron 35	11/20/2009	Protein 100 Yeast	
Weight Management	IBC 374	11/20/2009	24 Hr Urine Creatinine	-1
Lipids Management	Ferritin 63	11/20/2009		
Vitals Over Time	EPO 79.90	12/11/2009	Cholesterol 126 12/10/2009	
	Ionized Calcium 5.7	11/20/2008	HDL 24 12/10/2009	
	PTH 34	04/04/2007	LDL 44 12/10/2009	
	Phosporous 4.3	03/14/2007	Triglycerides 287 12/10/2009	
	Vitamin D	11		
	Calcitrol	11		
	Sed Rate 62	12/02/2009		
	Prealburnin 20.40	01/06/2010		

When the "Evaluation" button is depressed, the following template appears.



At the top of this template are two buttons:

- Review of Systems
- Decreased GFR

When the **Review of Systems** button is depressed a pop-up appears entitled **Chronic Renal Failure Signs and Symptoms**. This displays three classes of signs and symptoms of Chronic Renal disease.

- Initial Symptoms,
- Later Symptoms and
- Additional Symptoms.

Dm Crf Ros						X
	С	hronic Renal Failure	Syn	nptoms & Sign	ns	
Initial Symptoms	Lat	er Symptoms			Add	itional Symptoms
- +	-	+			-	+
🔲 🔲 Weight loss (unintentional)	Γ	Tendency to bruise easily	◄	🔲 Confusion/Delirium		🔲 Nocturia
🔽 🔲 Nausea	☑	Tendency to bleed easily		🔲 Blood in vomit		Abnornmally dark or light skin
🔽 🔲 Vomitting	☑	🧮 Muscle cramps		🗖 Melena	Γ	🗖 Polydipsia
🔽 🔽 Fatigue		🧮 Muscle spasms		🗌 Hematochezia	Γ	🔽 High Blood Pressure
🔲 🔽 Headache	Γ	🔲 Polyuria		🔲 Lethargy		Loss of appetite
🔽 🔲 Pruritus		🥅 Oliguria		🔲 Seizures		C Agitation
🗖 🗖 Hiccups	Г	🗖 Drowsiness/Decreased alertness	◄	🔲 Coma	Γ	Paleness
	◄	Numbness in extremeties			Γ	Nail abmormalities
					Γ	🗖 Breath odor
		ОК	Canc	el		

The signs and symptoms which are captured elsewhere in the EMR are automatically checked off, others can be added.

The next button on the **Evaluation** template is entitled "**Decreased GFR**". When that button is activated, the following pop-up appears. It gives a **definition of Decrease GFR in the absence of renal disease** and also **the causes of decreased GFR in the absence of renal disease**

Dm Crf DecGFR

	Decreased GFR
Indi	viduals with GFR 60 to 89 mL/min/1.73 m2 without kidney damage are classified as "decreased GFR."
	ecreased GFR without recognized markers of kidney damage is very frequent in infants and older adults, and is sually considered to be "normal for age."
	ne age-related decline in GFR in adults is accompanied by pathological findings of global glomerular sclerosis nd cortical atrophy.
• TI	ne consequences of declining GFR with age have not been carefully studied.
	is interesting to speculate whether the increasing incidence of end-stage renal disease in the elderly could be ue, in part, to age-associated decline in GFR.
Othe	r causes of chronically decreased GFR without kidney damage in adults include:
Г	Vegetarian diets
Г	Unilateral nephrectomy
Г	Extracellular fluid volume depletion
Г	Systemic illnesses associated with reduced kidney perfusion, such as heart failure and cirrhosis
kidn	not certain whether individuals with chronically decreased GFR in the range of 60 to 89 mL/min/1.73 m2 without ey damage are at increased risk for adverse outcomes, such as toxicity from drugs excreted by the kidney or e kidney failure.
	OK Cancel

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Beneath the above two buttons on the **Evaluation Template** are three columns which display **Modifiable Risk Factors** and **Non-modifiable Risk Factors** for Renal Disease. Those factors which are captured elsewhere in the EMR are automatically documented. The provider can mark others which apply.

Evaluation of Chronic Rena Review of Systems Decreased GFR		Return
Modifiable Risk Factors Anemia Lack of awareness Cardiovascular disease Lower urinary tract obstruction Decreased nitric oxide Menopause Depression/poor mental health Nutrition (high protein/high phosphate diet) V Diabetes Oxidative stress Drug toxicity Poor glycemic control in diabetes V Dyslipidemia Poor physical functioning Elevated angiotensin II Smoking Elevated homocysteine Systemic infections Elevated/persistent proteinuria Thrombogenic factors Hyperaldosteronism Urinary stones Increased endothelin Urinary tract infections Infection/Inflammation Vocational disability	Non-modifiable Risk Factors Age Autoimmune diseases Ethnicity (African-American, American Indian, Hispanic, Asian, Pacific Islander) Exposure (chemical/environmental) Family history of kidney disease Low birth weight Low income/education Neoplasm Recovery from acute kidney failure Reduction in kidney mass Renal transplant	Information Kidney Structure Kidney Function Testing Categories of Testing Chronic Kidney Disease HBP and CKD Nephrotoxic Drugs
Total 3 Modifiable 1 Class I 0 0 Non-modifiable 0 Class II 1	tors Stage of Kidney Disease Class III Stage 1 Class IV	2

To complete the process of calculating the stage of Chronic Renal Disease, click the button entitled **Total**. This will do the following:

- 1. Cause the **Risk Factors** to be totaled into a **Modifiable and Non-Modifiable** box and
- 2. Cause the Risk Factors to be totaled into one of Four Classes of Risk Factors entitled Class I, Class II, Class III, Class IV.

	Review of Systems Decreased GFR		Return
Modifiable Risk Factors Anemia Cardiovascular disease Decreased nitric oxide	Lack of awareness Lower urinary tract obstruction	Non-modifiable Risk Factors Age Autoimmune diseases Ethnicity	Information Kidney Structure Kidney Function Testin
Depression/poor mental health Diabetes Drug toxicity Dyslipidemia Elevated angiotensin II Elevated homocysteine Elevated /persistent proteinuria Hyperaldosteronism Hypertension Increased endothelin Infection/Inflammation	 Mentplates Nutrition (high protein/high phosphate diet) Oxidative stress Poor glycemic control in diabetes Poor physical functioning Smoking Systemic infections Thrombogenic factors Uremic toxins Urinary stones Urinary tract infections Vocational disability 	 (African-American, American Indian, Hispanic, Asian, Pacific Islander) Exposure (chemical/environmental) Family history of kidney disease Low birth weight Low income/education Neoplasm Recovery from acute kidney failure Reduction in kidney mass Renal transplant 	Categories of Testing Chronic Kidney Diseas <u>HBP and CKD</u> <u>Nephrotoxic Drugs</u>
Total 3	Classification of Risk Fac Modifiable 1 Class I 0 Non-modifiable 0 Class II 1	tors Class III Class IV	<u>e</u>

Above the Class I, II, III and IV Risk Classes totals is a button entitled **Classification of Risk Factors**. When this button is deployed the following pop-up with an explanation of the four classes appears.

Dm Crf Riskclass	×
	Classification of Risk Factors
Class I	Factors for which interventions have been proven to lower risk.
Class II	Factors for which interventions are likely to lower risk.
Class III	Factors for which modification may lower risk.
Class IV	Factors for which modification is not possible.
	OK Cancel

When the **Total** button is depressed on the Evaluation Template, the following pop-up appears which is entitled **Stage of Kidney Disease**..

Dm Crf Stagecalc

Stag	e of Kidney Disease
To calculate the stage of kidney disea	ase, answer the following three questions and click "Calculate."
1. Is kidney damage present in this patient?	🖲 Yes 🔘 No
Kidney damage is defined as pathologic abno tests or imaging studies.	ormalities or markers of damage, including abnormalities in blood or urine
2. Does this patient have high blood pressure?	
High blood pressure is defined as >140/90 m	mHg in adults and >90th percentile for height and weight in children.
3. Select the estimated glomerular filtration rate yo	u would like to use for the determination of the stage of kidney disease.
	% Use?
Predicted 84 % Use?	Cockcroft-Gault 101 120.2
MDRD 90 107.1 C	Salazar & Corcoran 107 127.4 O
Jelliffe 💿 💿	Schwartz
Calculate	Store 1
	Stage 1
	OK Cancel

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We are now only a step away from the calculation of the Stage of Renal Disease. So far, we are prepared for this process with the following steps:

- 1. Opening the Chronic Renal Disease Master Template.
- 2. Clicking the button entitled **Refresh Template/Check Lab**.
- 3. Clicking **one of the GFR formulae in stead of the MDRD** which has been automatically selected.
- 4. Clicking the box next to the MDRD formula
- 5. Clicking the Navigation button in the right hand column entitled **Evaluation**.
- 6. Clicking the Total button on the Evaluation Template

You are now ready to complete the process of calculating the State of Chronic Renal Disease.. The pop-up which appears when you deploy the **Total** button on the Evaluation template is entitled **Stage of Kidney Disease**. Dm Crf Stagecalc

Stag	e of Kidney Disease
To calculate the stage of kidney disea	ase, answer the following three questions and click "Calculate."
1. Is kidney damage present in this patient?	• Yes • No
Kidney damage is defined as pathologic abno tests or imaging studies.	ormalities or markers of damage, including abnormalities in blood or urine
2. Does this patient have high blood pressure?	
High blood pressure is defined as ≻140/90 m	mHg in adults and ≻90th percentile for height and weight in children.
3. Select the estimated glomerular filtration rate yo	ou would like to use for the determination of the stage of kidney disease. % Use?
Predicted 84 % Use?	Cockcroft-Gautt 101 120.2 O
MDRD 90 107.1 O	Salazar & Corcoran 107 127.4 O
Jelliffe 💽 💿	Schwartz O
Calculate	Stage 1
	OK Cancel

X

Beneath the title Stage of Renal Disease is the statement, "To calculate the stage of kidney disease, answer the following three questions and click 'calculate."" The three questions are:

1. **Is kidney damage present in this patient?** Following the this question is this explanation: Kidney damage is defined as pathologic abnormalities or makers of damage, including abnormalities in blood or urine tests or imaging studies. There are three conditions which allow you to answer "yes" to the question, "Is kidney damage present in this patient":

a. the presence of microalbuminuria,

b. a serum creatinine above 1.5 and/or

c. an abnormal renal ultrasound which indicates the presence of medical renal disease.

The earliest evidence of kidney damage is the presence of protein in the urine. In the introduction to this tutorial, the National Kidney Foundation defines normal and abnormal **urinary albumin or protein excretion**

- Normal albumin excretion: <30 mg/24 hours
- Microalbuminuria: 20-200 µg/min or 30-300 mg/24 hour or in men urine albumin/creatinine 2.5-25 mg/mmol and in women urine albumin/creatinine 3.5-35 mg/mmol

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- Macroalbuminuria (overt proteinuria): >300 mg/24 hour
- Nephrotic range proteinuria: >3 g/24 hour

(More definitive information on Proteinuria can be found in the explanation of the template entitled Proteinuria)

On the **Evaluation template** there are six buttons with educational information presented. The fourth button is entitled "Chronic Kidney Disease" and addresses the definition of Chronic Kidney disease. It states:

All individuals with GFR <60 mL/min/1.73 m2 for 3 months are classified as having chronic kidney disease, irrespective of the presence or absence of kidney damage.

- a. Reduction in kidney function to this level or lower represents loss of half or more of the adult level of normal kidney function,
- b. This may be associated with a number of complications

All individuals with kidney damage are classified as having chronic kidney disease, irrespective of the level of GFR.

- a. The rationale for including individuals with GFR 60 mL/min/1.73 m2 is that GFR may be sustained at normal or increased levels despite substantial kidney damage and
- b. Patients with kidney damage are at increased risk of the two major outcomes of chronic kidney disease: loss of kidney function and development of cardiovascular disease

Once you have answered the first question, "yes," or "no," you must answer the second question which is:

2. "Does the patient have high blood pressure."

The definition is then given for the presence of high blood pressure; it is, "High blood pressure is defined as >140/90 in adults and >90 Percentile in height and weight in children."

If the current blood pressure is elevated, the box indicating "yes" will be automatically selected but if the patient has high blood pressure which is controlled, you will need to manually check the box next to "yes."

The third question will be automatically answered for you.

3. Select the estimated glomerular filtration rate you would like to use for the determination of the stage of kidney disease.

This will automatically default to the MDRD equation and does not need to be changed again.

Dm Crf Stagecalc		×
Stag	ge of Kidney Disease	
To calculate the stage of kidney dise	ease, answer the following three questions and click "Calculate."	
1. Is kidney damage present in this patient?	⊙ Yes ⊙ No	
Kidney damage is defined as pathologic abn tests or imaging studies.	ormalities or markers of damage, including abnormalities in blood or urine	
-	● Yes ● No nmHg in adults and >90th percentile for height and weight in children. rou would like to use for the determination of the stage of kidney disease. % Use?	
Predicted 84 % Use? MDRD 90 107.1 O Jelliffe	Cockcroft-Gault 101 120.2 Salazar & Corcoran 107 127.4 Schwartz Image: Construction of the second seco	
Calculate	Stage 1 OK Cancel	

When you depress the "Calculate" button on the Stage of Renal Disease pop-up, **the Stage of Renal Disease will appear**. Some times, you will receive a message in an alert message which states:

"You MUST answer both questions 1 and 2 as well as select which value is to be used under 3."

If you have answered questions 1 and 2 and still receive this alert, you must then **go back to Chronic Renal Disease Master template and follow the steps which were described above** to change the box which was automatically checked beside the MDRD equation. The box must be checked next to another formula and then changed back to MDRD. This alerts the computer that this is the formula which is to be used to calculate the Stage of Chronic

Review of the Steps by which the Stage of Chronic Renal Disease is calculated

The steps to the calculation of the Stage of Renal Disease are as follows. Once learned, these steps take only a few seconds to complete.

- Open the Chronic Renal Disease Master Template.
- Click the button entitled **Refresh Template/Check Lab**.
- Click **one of the GFR formulae in stead of the MDRD** which has been automatically selected.
- Click the box next to the **MDRD formula**
- Click the Navigation button in the right hand column entitled Evaluation.
- Click the **Total** button on the Evaluation Template
- Answer questions 1 and 2 on the Stage of Kidney Disease Pop-up
- Click the button entitled Calculate on the Stage of Kidney Disease Pop-up

The **Stage of Kidney disease** will then be displayed and can be added to the ICD-9 Code list under Chronic Conditions and to the Acute Assessment. Any stage of kidney disease is an HCC Risk and needs annual evaluation.