

Treatment for Acute & Chronic Kidney Disease

Acute Kidney Injury (AKI) Treatment

Acute kidney injury is defined as a substantial increase in serum creatinine (SCr) or decrease/lack of urine production	First Line	Additional Therapy
See guidelines for specific values	1. Remove offending agents if applicable and clinically relevant. 2. Pharmacologic Agents: <ul style="list-style-type: none"> ▪ ACE-Inhibitors ▪ ARB's ▪ NSAID's ▪ Cyclosporine ▪ Tacrolimus ▪ Certain antibiotics 	1. Aggressive hydration 2. Caution should be used when initiating medications in certain patient populations: <ul style="list-style-type: none"> ▪ Pre-existing kidney or liver damage ▪ Diabetics ▪ Elderly ▪ Currently taking nephrotoxic medications

Chronic Kidney Disease (CKD) Treatment

<p>Patients with chronic kidney disease often have associated conditions:</p> <ul style="list-style-type: none">HyperphosphatemiaHyperkalemiaSecondary Hyperparathyroidism	Associated Condition	Treatment Strategies		Additional Information
	Hyperphosphatemia	First Line: Ca ²⁺ Based	Calcium Carbonate (Tums) Calcium Acetate	Dietary phosphate restrictions are recommended
		Al & Ca ²⁺ Free	Lanthanum Carbonate	
		Sevelamer	Renvela Renagel	
	Hyperkalemia	Enhance K ⁺ Uptake: Insulin & Glucose		Normal K ⁺ Level: 3.5-5 mEq/L
		Increase Renal Excretion of K ⁺ : Lasix		
		Bind Excess K ⁺ : Kayexalate		
	Secondary Hyperparathyroidism	Vitamin D Analogs	Calcitriol (Active Form)	Elevations in parathyroid hormone (PTH) can be treated through correction of vitamin D deficiency
			Doxercalciferol	
			Paricalcitol	
Calcimimetic		Cinacalcet (Sensipar)		