DCC Renal Pathway for RN and RD Diabetes Educators

Glomerular Filtration Rate (GFR)

GFR 30-60

NOTE: Specific renal nutrition intervention typically not required.

1. Is the patient already followed by a nephrologist?

If not, direct GP to CKD pathway (http://www.ckdpathway.ca)

NOTE: Acceptance is dependant on referral criteria; not all patients are accepted. Not all patients accepted by nephrology will see a RD or RN.

2. Does the patient have renal nutrition questions?

Patients may self refer to Alberta Healthy Living Program (AHLP) if their GFR is >30 and they have diet questions beyond diabetes. They can attend the AHLP Your Kidney Health: What Should I Eat? virtual class led by the General Nephrology Clinic RD. (1-844-527-1160).

GFR<30

NOTE: Risk of hypoglycemia increases with advanced renal disease.

1. Is the patient already followed by Alberta Kidney Care - South (AKC-S)?

This may be by the nephrologist alone or the whole multidisciplinary team, depending on the patient's kidney failure risk equation (KFRE). You can confirm via RD team lead**

YES

1. Patient already seeing renal RD:

Collaborate* with renal RD who will provide renal nutrition information and *basic* diabetes information (ie. balanced meals, CHO sources).

Diabetes educator continues providing more complex diabetes nutrition education and follow-up (ie. CHO counting, GI, etc).

2. Patient not yet seeing renal RD:

All patients followed by a nephrologist can request to see a renal RD. In your letter to the nephrologist, request that they refer patient to the renal RD.

Refer to next page for key renal nutrition points while patient is waiting to see a renal RD.

NO

1. Recommend GP refer to nephrology. (http://www.ckdpathway.ca/referral)

2. Refer to DCC RD for basic renal nutrition advice until the patient is followed by RD at AKC-S *(see next page)*.

NOTES:

- **Goal: limit restrictions on nutritious foods to ensure patient gets a balanced diet.**
- All patient should continue seeing their DCC RD re: nutrition management for diabetes.
- ** RD team lead: Stephanie Jackson, MSc RD (Stephanie.jackson@ahs.ca; 403-955-6396).
- ** RD team lead (temp): Lia Zyla (403-955-6414): Lia.Zyla@albertahealthservices.ca
- * via AHS secure email and phone.

August 11, 2022

Renal Nutrition Pathway for RD Diabetes Educator

GFR <30

1. Referral received to see patient that is not currently or not yet followed by renal RD. Confirmed via RD team lead**

2. Review bloodwork and intervene as follows:

High potassium ≥5.5mmol/L at repeated measures
(http://ckdpathway.ca/Content/pdfs/Management_of_elevated_serum_potassium.pdf)

1. **Assess and manage non-diet factors** that can raise serum potassium, such as: hyperglycemia, constipation, new ACEi/ARB medication started.

2. **Assess dietary potassium intake:**

Focus on less nutritious sources first, such as processed meats with K additives (ie. potassium lactate, phosphate or acetate), salt substitutes (ie. potassium chloride in Half Salt™) and excessive coffee/black tea intake (>3cups/day).

Collaborate* with renal RD if further intervention is needed.

Restricting whole grains, fruits and vegetables is a last resort measure. Do not provide patient with "Potassium Foods" handouts as this could add more confusion and over restriction.

Low Albumin <33g/L +/- proteinuria

1. **Instruct on moderate protein** (0.8-1g/kg IBW/day) **and low sodium** (<2300mg/day) **intake**.

KEY POINTS:

A. Avoid ultra processed foods

B. Instruct on label reading

C. Avoid adding salt to foods

Consider using the following handouts: "Cooking without salt" and "Sodium and your diet" *(J:\Nutrition Services\General Access Documents\Education Resources\Patient Handouts & Info Sheets\Sodium)*

Phosphorus (PO4)

Low phosphorus diet education not required by DCC RD.

Elevated PO4 is very unlikely in this situation. If patient does have repeated measures of high PO4, instruct them on label reading to avoid PO4-additives (ie. ingredients with 'phos') which are often found in highly processed foods.

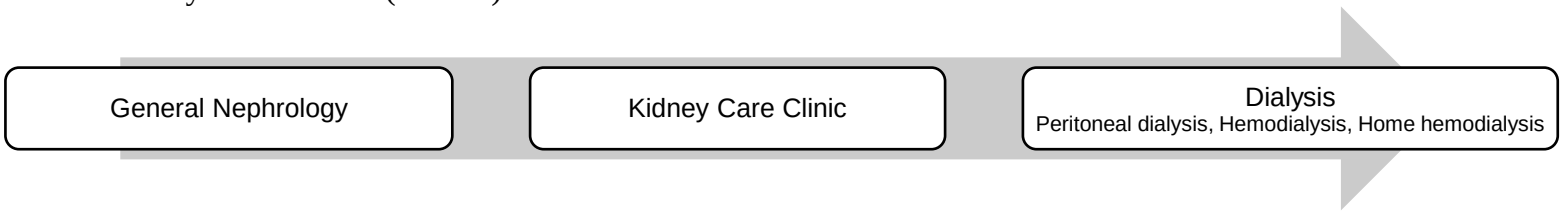
NOTES:

- **Goal: limit restrictions on nutritious foods to ensure patient gets a balanced diet.**
- Encourage patient to eat regular, balanced, low sodium, moderate protein meals/snacks.
- All patients should continue seeing their DCC RD re: nutrition management for diabetes.
- ** RD team lead: Stephanie Jackson, MSc RD (Stephanie.jackson@ahs.ca; 403-955-6396).
- * via AHS secure email and phone.

August 11, 2022

Additional Information

- Alberta Kidney Care – South (AKC-S)



- General Nephrology: GP can refer to nephrologist (http://ckdpathway.ca/referral), acceptance is dependent on referral criteria (ie. GFR, persistent albuminuria/proteinuria, sustained hematuria, unexplained progressive decline in GFR ≥ 5 ml/min/1.73m^2 over 6 months, etc.).
    - Patients are only seen by the general nephrology RD upon nephrologist referral, usually for a one time consult. Patients can request this referral as well.
- Kidney Care Clinic (KCC):
    - A multidisciplinary care clinic: RN (case manager), RD, SWK.
    - Referral to this clinic is made by the nephrologist based on the patient's Kidney Failure Risk Equation (KFRE) >10% in 2 years (calculated at www.kidneyfailurerisk.com and based on age, gender, GFR, ACR)
- Dialysis:
    - When a patient starts dialysis depends on their uremic symptoms and choice, typically around a GFR 6-9 ml/min/1.73m^2.
    - Modality decision is made between the nephrologist and patient. There is a modality RN who helps educate patients so they can make an informed choice.
    - RDs follow patients in all modalities: peritoneal dialysis (PD; SMCHC), hemodialysis (HD; several sites across Calgary) and home hemodialysis (HHD; based out of SMCHC).
- Conservative care: AKC-S RDs do not follow conservative care patients unless consulted.
- AHLP: RD may see renal patients who wish to remain with their GP vs. nephrology (ie. conservative care), or who have other complex health issues that take precedence. Typically see patients who's GFR is >30 ml/min/1.73m^2.

- Blood work in AKC-S: How often it's collected depends on GFR. In KCC: GFR ≥20 = q 3 months, GFR <20 = monthly; HD = q 8 weeks; HHD/PD = monthly. May accept variation of 3-5 ml/min/1.73m^2 especially at higher GFR (ie. around 30+ vs. 15-20). GFR can change with fluid status, medications, etc. Watch for trends in bloodwork!
    - How recent do results need to be?
        - Depends on how abnormal the result is and if there are other reasons for this. Generally results within past month are acceptable. GP can re-test bloodwork based on www.ckdpathway.ca recommendations (varies from 1-4 weeks depending on parameter).
    - What does 'repeated measures' or 'sustained' mean?
        - 2-3 results separated in time.

- Use your clinical judgement and consult the DCC Education Consultants and/or CDM RD Team Lead as needed.