

Slow the decline: aggressive BP control + RAS blockade + an SGLT2 inhibitor, and refer early for high-risk patients. Most preventable harm comes from NSAIDs and dehydration on top of ACEi/ARB and diuretics — sick-day rules matter as much as the drug choices themselves.

ANNUAL KIDNEY HEALTH CHECK

- **At-risk groups** (every 1–2 years): diabetes, hypertension, CVD, age \geq 60, smoking, family history, Aboriginal or Torres Strait Islander background, obesity
- **Three core tests:** eGFR + uACR (first-morning sample) + BP — repeat in 3 months if abnormal
- **Confirm + monitor:** need 2 abnormal results \geq 3 months apart; Stage 3b or higher — review 3-monthly with nephrology input
- Annual influenza and pneumococcal vaccination; COVID and hepatitis B per current schedule if at-risk

SICK DAY RULES — SADMANS

- **Temporarily stop** during vomiting, diarrhoea, fever or dehydration: **Sulfonylureas, ACE inhibitors, Diuretics, Metformin, ARBs, NSAIDs, SGLT2 inhibitors**
- Resume once eating and drinking normally; check eGFR if illness lasts more than 48 hours
- Avoid the 'triple whammy' (ACEi/ARB + diuretic + NSAID together) at any time — a major preventable cause of acute kidney injury

SAFETY

- NSAIDs are a major preventable cause of acute kidney injury in CKD, especially combined with an ACEi/ARB and a diuretic — avoid wherever possible
- Confirm potassium \leq 5.0mmol/L before starting finerenone or up-titrating any RAS blocker/MRA combination
- Discuss alternatives to IV contrast if eGFR $<$ 30

DRUG DOSING — eGFR BANDS

- **Metformin:** standard to eGFR45; max 1g twice daily and monitor at eGFR30–45; avoid below eGFR30
- **SGLT2 inhibitors:** standard dose once eligible; can usually continue below the initiation threshold once started, until dialysis or transplant — see REN-01A
- **Apixaban:** standard dose to CrCl30; caution and dose-reduction at CrCl15–29 per eTG/specialist advice; avoid below CrCl15
- **Opioids:** reduce dose at eGFR30–60 (oxycodone often preferred); avoid morphine below eGFR30, favour oxycodone/buprenorphine
- **Antibiotics:** gentamicin and vancomycin need dose/interval adjustment below eGFR60 — check AMH/eTG for exact dosing
- **NSAIDs:** avoid at eGFR30–60; absolutely avoid below eGFR30

CHECK EXACT DOSES AT AMH/eTG

These are general bands, not exact mg doses. Confirm precise renal dosing for the individual drug and indication in the Australian Medicines Handbook or eTG before prescribing, particularly for antibiotics and opioids.

RED FLAGS / REFER

- eGFR $<$ 30 (Stage 4–5) → nephrology referral, all patients
- Albuminuria uACR \geq 30mg/mmol (Stage A3) → nephrology referral
- Rapid decline, suspected AKI/acute nephritis, or resistant hypertension despite \geq 3 agents → nephrology referral — see REN-01A for exact decline thresholds