Chronic Kidney Disease Sample Flow Sheet



Patient Name:			Sex	□M □F	Age at Diagnosis	Date of Birth		
	CARE O	SELF MANAGEMENT (discuss with patient)						
Diagnosis	Renal U/S (if indic	Renal U/S (if indicated)			☐ Explain diagnosis and implications of CKD			
Type Of CKD: ☐ HTN	☐ Polycystic KD	Date:			☐ Self monitor with flow sheet			
│ │ □ DM	□ Other:	Result:			☐ Review medication list (see next page)			
	□ DIVI □ Other.					☐ Discuss CVD risk assessment & management strategies		
	RISK FACTORS AND C	☐ Kidney-specific education						
☐ Smoker	☐ Diabetes	☐ Atrial fibrillation	□As	thma	☐ Identify support team and resources			
☐ Alcohol/	□ HTN	□ Other arrhythmia		OPD	☐ Smoking cessation hotline (1-866-366-3667)			
substance abuse	□ CAD	□ Valvular HD	□ Liv	ver disease	☐ Weight, exercise and nutrition status			
☐ Obesity (target	☐ Cardiomyopathy	□ PVD	□ De	epression	☐ Promote psychosocial health			
BMI <25)	□ CHF	☐ Lipid abnormality						
	☐ Other:							

	VISITS								
	BP	WEIGHT	LABS (most recent)			NOTES: CLINICAL STATUS, RISK STAGE, CARE OBJECTIVES AND FOLLOW UP ISSUES			
	Every visit	Lbs Every visit	A1C (DM only) q3m	ACR q6-12m	Cr/eGFR q6m	BASELINE REVIEW			
DATE	<140/90	BMI < 25	≤ 7%*	≥ 50% ↓ from baseline	Stable**				

REMINDERS:

- 1) Establish regular visit & lab work schedule
- 2) Refer to nephrology team
- 3) *A1C target may not be appropriate for all populations 4) ** ΔeGFR <10-15% annual decline

ANNUALLY OR AS CILINCALLY INDICATED										
LAB WORK (at least annually)					VACCINATIONS					
	LIPIDS	POTASSIUM	MINERAL METABOLISM			Annual flu:		Pneumovax:	Pneumovax:	
DATE	↓ LDL from baseline	K+ <5.5	Ca 2.2 - 2.5	Phos 0.75 - 1.4	Albumin WNR	DATE	DATE	DATE	DATE (in 5 years)	
						Hepatitis E	(series completed):		
						DATE				





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MEDICATION							
NAME OF DRUG	DOSE/FREQUENCY	NOTES AND START/STOP DATES	PRESCRIBED BY				