

St George Hospital Renal Department: INTERNAL ONLY

IDENTIFICATION AND MANAGEMENT OF ANAEMIA IN CHRONIC KIDNEY DISEASE PATIENTS

SUMMARY

- The current haemoglobin (Hb) range will now be set at **10 to 12 g/dL** (1,2). Anaemia is a known risk factor for the development of cardiovascular co-morbidities in CKD patients as well as a reduction in quality of life (3,4).
- All possible causes for anaemia should be identified prior to commencing any ESA therapy (1, 3).
- The lowest dose ESA will be used for each patient to achieve recommended Hb targets, improve quality of life and prevent the need for blood transfusions (5, 6).
- Correction and maintenance of functional iron stores to optimal levels will be an effective treatment for CKD patients with low Hb levels prior to and during ESA therapy (1, 3, 4).
- Haemoglobin, iron stores and ESA dosing for patients with CKD will be maintained at optimal levels to provide for an improved quality of life and a decrease in adverse symptoms (3,4).
- Nursing staff will check monthly blood results and monitor patients for adverse signs and symptoms, organizing a review of ESA dosing and iron requirements with the Nephrologist as necessary to provide for optimal patient outcomes (4).
- Aiming for a Hb target of > 130 g/dL can lead to negative outcomes for all patients with CKD, such as hypertension, MI, stroke and vascular access blockages (1, 3, 7, 8).

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