Click to prove you're human

إرشادات kdoqi akis

Back Anemia in CKD KDIGO has updated its Clinical Practice Guideline for Anemia in Chronic Kidney Disease (CKD), originally published in 2012. A draft of the KDIGO 2025 Anemia in CKD Guideline was recently made available for public review. KDIGO is preparing a final version for publication based on the feedback received during the public review period. The KDIGO Anemia in CKD Guideline provides comprehensive guidance on diagnosing, evaluating, and treating anemia in adults and children with CKD, both those receiving and not receiving dialysis (hemodialysis and peritoneal dialysis). It covers the use of iron, erythropoiesis-stimulating agents (ESAs), hypoxia-inducible factor–prolyl hydroxylase inhibitors (HIF-PHIs), and red blood cell (RBC) transfusions. The development of the guideline followed an explicit process of evidence review and appraisal, with recommendations based on a rigorous analysis of data from randomized controlled trials published through April 2023. The guideline uses the “Grading of Recommendations Assessment, Development and Evaluation” (GRADE) approach to evaluate the certainty of evidence and strength of recommendations. It includes practice points, visual aids, and highlights policy implications, limitations of current evidence, and areas for future research. The target audience includes healthcare providers involved in the care of people with anemia and CKD, as well as people living with anemia and CKD themselves. The Anemia in CKD Guideline is co-chaired by Dr. Jodie Babitt (United States) and Dr. Marcello Tonelli (Canada). DISCLAIMER: USE OF THE CLINICAL PRACTICE GUIDELINES This Clinical Practice Guideline is based upon the best information available at the time of publication. The recommendations are designed to provide information and assist decision-making. They are not intended to define a standard of care, and should not be construed as one. Neither should they be interpreted as prescribing an exclusive course of management. Variations in practice will inevitably and appropriately occur when clinicians take into account the needs of individual patients, available resources, and limitations unique to an institution or type of practice. Every health care professional making use of this Guideline is responsible for evaluating the appropriateness of applying them in the setting of any particular clinical situation. The recommendations for research contained within this document are general and do not imply a specific protocol. Back Acute Kidney Injury (AKI) KDIGO is in the process of developing the Clinical Practice Guideline for Acute Kidney Injury (AKI) and Acute Kidney Disease (AKD). This guideline will be an update to the 2012 Clinical Practice Guideline for Acute Kidney Injury, accompanied by the conclusions from the KDIGO 2019 Controversies Conference on Acute Kidney Injury and the 2020 Consensus Conference on Harmonizing Acute and Chronic Kidney Disease Definitions and Classification. The guideline aims to provide guidance for healthcare providers managing people with AKI and AKD. Matthew James, MD, PhD (Canada), and Marlies Ostermann, MD (United Kingdom), are co-chairing the guideline update. The goal is to ensure that feedback from all stakeholders of this global guideline is duly considered before a formal systematic review of the literature is undertaken. Any ideas and suggestions on how to make this guideline as valuable to your practice as possible are greatly appreciated. The AKI/AKD Guideline is intended to include adult, pediatric, and neonatal populations, those cared for in the hospital setting, in the community, and in care facilities. The guideline is also intended to be relevant to people at high risk of AKI and AKD, including those with multimorbidity, complex healthcare needs, and chronic conditions that often accompany AKI and AKD, including CKD, liver disease, heart failure, and congenital heart disease. The guideline will support decision-making in the care of people in high-, middle-, and low-resource countries. Click to download the KDIGO AKI/AKD Guideline Update Scope of Work. DISCLAIMER: USE OF THE CLINICAL PRACTICE GUIDELINES This Clinical Practice Guideline is based upon the best information available at the time of publication. The recommendations are designed to provide information and assist decision-making. They are not intended to define a standard of care, and should not be construed as one. Neither should they be interpreted as prescribing an exclusive course of management. Variations in practice will inevitably and appropriately occur when clinicians take into account the needs of individual patients, available resources, and limitations unique to an institution or type of practice. Every health care professional making use of this Guideline is responsible for evaluating the appropriateness of applying them in the setting of any particular clinical situation. The recommendations for research contained within this document are general and do not imply a specific protocol. Kidney Health Treatment & Support Transplantation For Professionals Take Action Ways to Give About NKF The guideline is intended for healthcare professionals who provide kidney care, for people with suspected or diagnosed CKD and their caregivers, and for policymakers and commissioners of CKD services. The aim is to provide a useful resource that clearly and concisely addresses relevant questions with actionable recommendations to guide clinical practice based on a formal evidence review and consensus-based practice points. A wide range of key topics are addressed, including optimal CKD evaluation and classification, kidney disease risk assessment, management of complications, medication management and drug stewardship in CKD, and strategies for delivering patient-centered care across diverse clinical settings. Key highlights of the KDIGO CKD Guideline include guidance updates on the measurements of estimated glomerular filtration rate and albuminuria, utilization of CKD risk prediction equations, and personalized treatment recommendations for kidney and cardiovascular risk reductions tailored to individual patient needs and preferences. Treatment approaches and actionable guideline recommendations are based on systematic review of relevant studies and appraisal of the quality of the evidence and the strength of recommendations, following the “Grading of Recommendations Assessment, Development, and Evaluation” (GRADE) approach. The guideline also provides practice points, which serve to direct clinical care or activities, for which a systematic review was not conducted, and includes useful infographics. For the first time, the Guideline sets forth, in a dedicated chapter, an important research agenda to address unanswered questions and a path for advancing the knowledge and evidence base in CKD. Quality Measure WorkQuality measures, when adopted by payers and health systems, are another powerful tool to promote evidence-based care. In 2022, KDOQI began a new Quality Measurement initiative. The installation of the NHS England AKI detection algorithm should be regarded as one part of a trust-wide approach to tackle Acute Kidney Injury (AKI). The installation of the algorithm will primarily be the role of laboratory staff but other elements of the pathway will require a multispecialty approach, including appropriate clinical engagement and senior executive buy in. This Best Practice Guidance is intended to help with the installation, testing and introduction of AKI detection into clinical practice: Acute Kidney Injury Warning Algorithm - Best Practice Guidance The NHS England patient safety alert mandates the electronic transmission of AKI Warning Stage data to the UK Renal Registry. The "Transmitting AKI Warning Stage Data to the UK Renal Registry" document outlines the procedures and protocols for transmitting this data: Transmitting AKI Warning Stage Data to the UK Renal Registry - Best Practice Guidance This guideline covers preventing, detecting and managing acute kidney injury in children, young people and adults. It aims to improve assessment and detection by non-specialists, and specifies when people should be referred to specialist services. This will improve early recognition and treatment, and reduce the risk of complications in people with acute kidney injury. For additional information on managing acute kidney injury in patients in hospital with COVID-19, see assessing and managing acute kidney injury in our COVID-19 rapid guideline on managing COVID-19. Last reviewed: 16 October 2024 We reviewed the evidence and made new and updated recommendations on assessing risk factors for acute kidney injury in adults having iodine-based contrast media. See the update information for details. This guideline updates and replaces NICE guideline CG169 (August 2013). Next review: This guidance will be reviewed if there is new evidence that is likely to change the recommendations. Recommendations This guideline includes recommendations on: See the 1-page visual summary on assessing the risk of acute kidney injury in adults having iodine-based contrast media: outpatient, non-urgent inpatient and community settings. Who is it for? Healthcare professionals Commissioners and providers People with or at risk of acute kidney injury and their families and carers Guideline development process How we develop NICE guidelinesThe recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian. All problems (adverse events) related to a medicine or medical device used for treatment or in a procedure should be reported to the Medicines and Healthcare products Regulatory Agency using the Yellow Card Scheme. Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties. Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible. Back CKD-Mineral and Bone Disorder (CKD-MBD) The Kidney Disease: Improving Global Outcomes (KDIGO) 2017 Clinical Practice Guideline Update for the Diagnosis, Evaluation, Prevention, and Treatment of chronic kidney disease–mineral and bone disorder (CKD-MBD) represents a selective update of the prior guideline published in 2009. This update, along with the 2009 publication, is intended to assist the practitioner caring for adults and children with CKD, those on chronic dialysis therapy, or individuals with a kidney transplant. Specifically, the topic areas for which updated recommendations are issued include diagnosis of bone abnormalities in CKD-MBD; treatment of CKD-MBD by targeting phosphate lowering and calcium maintenance, treatment of abnormalities in parathyroid hormone in CKD-MBD; treatment of bone abnormalities by antiresorptives and other osteoporosis therapies; and evaluation and treatment of kidney transplant bone disease. Development of this guideline update followed an explicit process of evidence review and appraisal. Treatment approaches and guideline recommendations are based on systematic reviews of relevant trials, and appraisal of the quality of the evidence and the strength of recommendations followed the GRADE (Grading of Recommendations Assessment, Development, and Evaluation) approach. Limitations of the evidence are discussed, with areas of future research also presented. The guideline was co-chaired by Markus Ketteler, MD, FERA (Klinikum Coburg, Germany) and Mary Leonard, MD, MSCE (Stanford University School of Medicine, United States). DISCLAIMER: USE OF THE CLINICAL PRACTICE GUIDELINES This Clinical Practice Guideline is based upon the best information available at the time of publication. The recommendations are designed to provide information and assist decision-making. They are not intended to define a standard of care, and should not be construed as one. Neither should they be interpreted as prescribing an exclusive course of management. Variations in practice will inevitably and appropriately occur when clinicians take into account the needs of individual patients, available resources, and limitations unique to an institution or type of practice. Every health care professional making use of this Guideline is responsible for evaluating the appropriateness of applying them in the setting of any particular clinical situation. The recommendations for research contained within this document are general and do not imply a specific protocol.