

Renal Dialysis Unit

Anaemia Guidelines for Patients With Chronic Kidney Disease

Aim

All patients with renal failure - Haemodialysis, Peritoneal dialysis, Pre dialysis and transplant patients to have a Hb between 11 and 13g/dl. To achieve this in all patients it is recommended to aim for 12g/dl.

Prescribing Erythropoiesis Stimulating Agents (ESA)

All Erythropoiesis Stimulating Agents are prescribed from the Renal Service and dispensed from the pharmacy in Ninewells Hospital, Dundee or Perth Royal Infirmary or via a home delivery company.

Investigate and correct Anaemia

If Hb is < 12g/dl in men and < 11g/dl in women

or

If Ferritin < 150 and Tsats < 20%

Before commencing Erythropoiesis Stimulating Agent

Obtain baseline:

- Iron parameters– Ferritin and transferrin saturation's
- Epo assays are also available if required
- PTH
- B12 and Folate
- CRP

Correct any deficiencies **before** commencing on ESA.

Starting Dose of Erythropoiesis Stimulating Agent

We would usually start a patient on a small dose of ESA and alter dosing as per patient response:

10mcg Aranesp once per week – currently first choice

or

2000iu NeoRecormon once per week

Routine Monitoring

Hb, Iron studies and CRP: Haemodialysis - Monthly

Peritoneal/Pre Dialysis - every 6/8 weeks either at clinic or via GP surgery.

Blood Pressure : Haemodialysis - each dialysis session

Peritoneal/Pre dialysis - each clinic visit or via GP surgery if problematic.

Changing ESA dose

ESA dose should be altered as per the ESA guidelines but also if the patient has a **persistently** high diastolic blood pressure of > 110mmHg (not a one off reading) consider reducing but not stopping the ESA whilst altering the patient's antihypertensive medication.

Reviewed: January 2008

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Reviewed By: Dr I Henderson & Gillian Wood, Anaemia Coordinator

Renal Anaemia Guideline

Erythropoiesis Stimulating Agents (ESA's)

Aim

All renal patients should have their Hb maintained between 11 - 13 g/dl



Hb < 11.5 g/dl

Consider Infection, Inflammation, Blood Loss, Aluminium Toxicity, Hyperparathyroidism and Malignancy.

Check Iron Studies, Ferritin, B12 and Folate and Epo assays

If any iron deficiency correct prior to commencement on ESA- see iron guidelines.

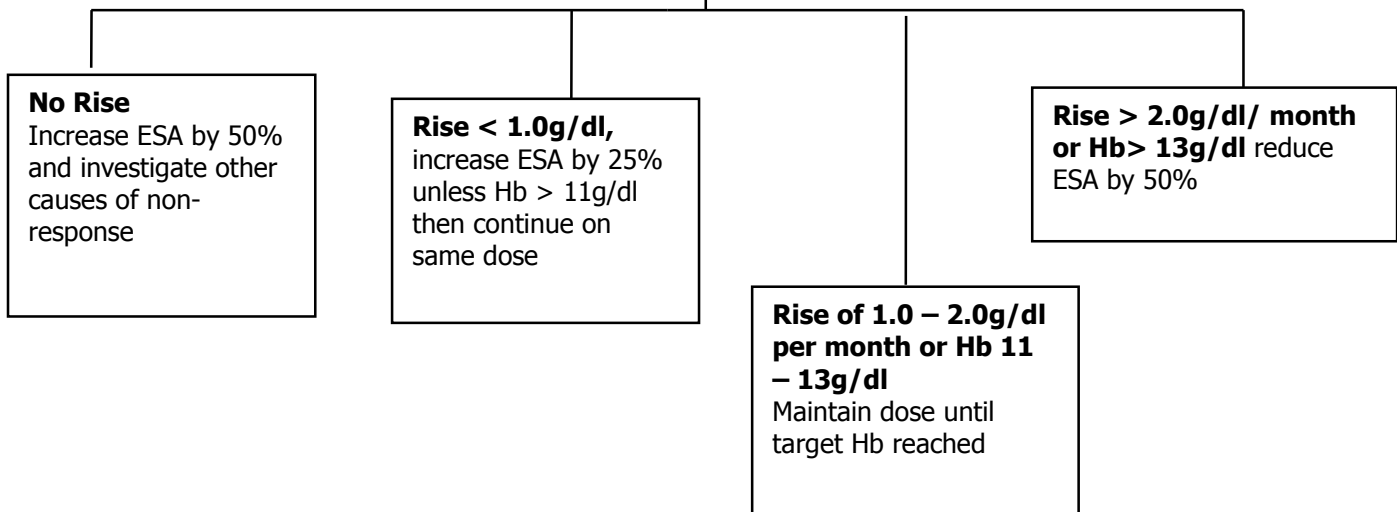


If iron replete (see iron guidelines) start on ESA.

10mcg Aranesp once per week **or** 2000iu NeoRecormon once per week



1 month / 6weeks after starting/changing ESA

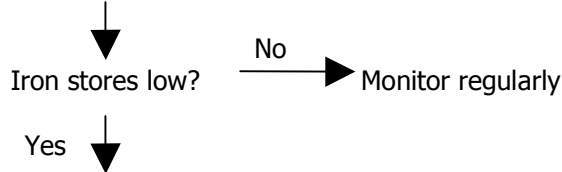


Renal Anaemia Guideline - Iron

Aim

All haemodialysis patients to maintain a **ferritin** between 300 - 800µg and **transferrin sat's** between 20 - 35%.

All PD and pre dialysis patients to maintain a **ferritin** above 200µg and **Transferrin sat's** between 20 - 35%.



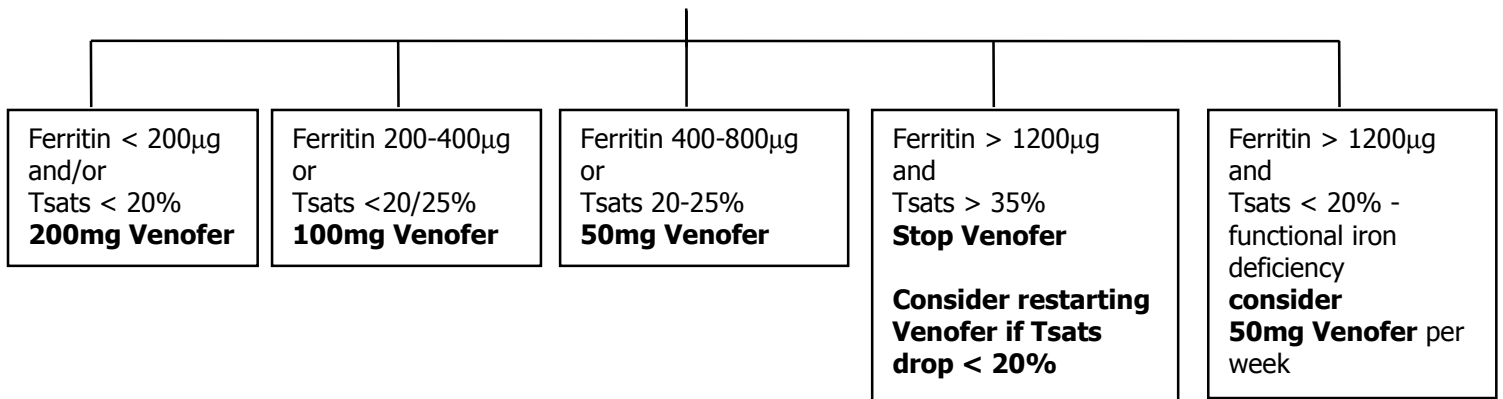
Check for blood loss: from bowel, menstruation, anti coagulation, excessive clotting on haemodialysis, excessive blood sampling and correct or treat.

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Commence Iron Therapy

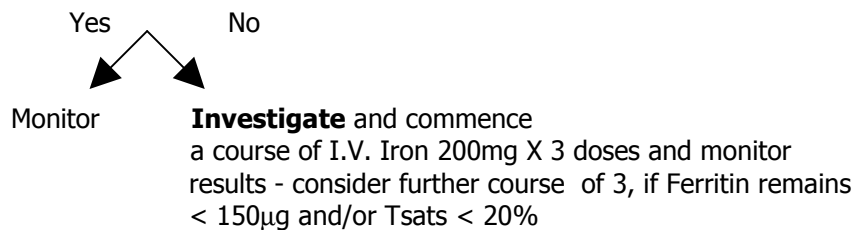
Haemodialysis Patients

Start on I.V. iron (Venofer) x 1 per week unless allergic



Peritoneal/Pre dialysis Patients

Is the patient able to maintain a Ferritin > 150µg or Tsats > 20%



* In Predialysis patients with a eGFR above 30 consider using oral iron in the first instance if appropriate

If iron studies corrected to Ferritin > 150µg and Tsats > 20% but Hb remains < 11g/dl and not rising then consider commencing ESA