

**Guiding Principles:** Hypertension can be a cause and complication of CKD. Blood pressure should be monitored on a regular basis, including an assessment for orthostatic hypotension. The **primary goal** of blood pressure management in this population is to **minimize the risk of falls and optimize cognition** while avoiding very high readings.

## ▶ **GFR 15 - 5 | Slow Decline/Deteriorating | Last 0-5 years of life**

In line with guidelines for the care of frail older persons, we recommend **relaxing** the suggested blood pressure targets for CKM patients with a **GFR  $\leq$  15 to  $\leq$ 160/90**. This applies to patients with diabetes as well.

Decisions about specific medications will depend on the patient and his or her co-morbidities. Prescribers should attempt to use **medications that work for more than one condition** and should take into account that the patient might have strong feelings about continuing or stopping certain medications.

Diuretics will likely be one of the **last medications stopped**.

- [See: Sodium/Fluid Statement](#)

## ▶ **GFR 5 - 0 | Intensive/Near Death | Last 0-2 months of life**

When a patient becomes bedbound, it is usually no longer necessary to monitor blood pressure. **Blood pressure medications can be stopped at this point.**

**Diuretics are a unique consideration** and can play an important role in the relief of dyspnea associated with volume overload. If a patient continues to eat and drink, it is acceptable to continue with diuretics. In most cases, once a person is **no longer eating or drinking, diuretics should be stopped**. (Eg. When urine output is  $<$  250 cc/day on the maximum furosemide (Lasix) dose of 120 mg BID, furosemide should be stopped.)

- [See: End of Life Breathlessness Algorithm](#)

## Conservative Kidney Management Acronym Legend

Acronym:	Intended Meaning:
ATC	Around the Clock
BID	Twice Daily
CKD	Chronic Kidney Disease
CKM	Conservative Kidney Management
COPD	Chronic Obstructive Pulmonary Disease
CO <sub>2</sub>	Carbon Dioxide
EOL	End of Life
ESA	Erythropoietin Stimulating Agent
ESKD	End Stage Kidney Disease
GFR	Glomerular Filtration Rate
GI	Gastrointestinal
g/L	Grams per litre
HgB	Hemoglobin
IN	Intranasal
IU	International Units
IV	Intravenous
kg	Kilogram
mcg	Microgram
mg	Milligram
mL	Millilitre

Acronym:	Intended Meaning:
mmol/L	Millimoles per Litre
OTC	Over the Counter
PO	By Mouth
PRN	As Needed
NSAID	Non-steroidal Anti-inflammatory Drugs
q(1-8)d	Every (Time Eg, 2) Days
q(1-8)h	Every (Time Eg, 4) Hours
q(1-8)weeks	Every (Time Eg. 2) Weeks
QHS	At Bedtime
RLS	Restless Leg Syndrome
SC	Subcutaneous
SL	Sublingual
SNRI	Serotonin and Norepinephrine Reuptake Inhibitors
SSRI	Selective Serotonin Reuptake Inhibitors
TCA	Tricyclic Antidepressant
TID	Three Times a Day
>	Greater Than
≥	Greater Than or Equal To
<	Less Than
≤	Less Than or Equal To