

# Person—renal disease therapy, code N

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# Person—renal disease therapy, code N

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Element
<b>Short name:</b>	Renal disease therapy
<b>METEOR identifier:</b>	270264
<b>Registration status:</b>	<a href="#">Health</a> , Standard 01/03/2005
<b>Definition:</b>	The therapy the person is receiving for renal disease, as represented by a code.
<b>Data Element Concept:</b>	<a href="#">Person—renal disease therapy</a>
<b>Value Domain:</b>	<a href="#">Renal disease therapy code N</a>

## Value domain attributes

## Representational attributes

<b>Representation class:</b>	Code	
<b>Data type:</b>	Number	
<b>Format:</b>	N	
<b>Maximum character length:</b>	1	
<b>Permissible values:</b>	<b>Value</b>	<b>Meaning</b>
	1	Drugs for modification of renal disease
	2	Drugs for treatment of complications of renal disease
	3	Peritoneal dialysis
	4	Haemodialysis
	5	Functioning renal transplant

## Collection and usage attributes

<b>Guide for use:</b>	<p><b>CODE 1    Drugs for modification of renal disease</b></p> <p>This code is used to indicate drugs for modification of renal disease, includes drugs intended to slow progression of renal failure. Examples include antiproteinurics such as angiotensin converting enzyme inhibitors (ACEI), angiotensin II receptor antagonists (ATRA) and immunosuppressants.</p> <p><b>CODE 2    Drugs for treatment of complications of renal disease</b></p> <p>This code is used to indicate drugs for the treatment of the complications of renal disease. Examples include antihypertensive agents and drugs that are intended to correct biochemical imbalances caused by renal disease (e.g. loop diuretics, ACEI, erythropoietin, calcitriol, etc).</p> <p><b>CODE 3    Peritoneal dialysis</b></p> <p>This code is used to indicate peritoneal dialysis, chronic peritoneal dialysis, delivered at home, at a dialysis satellite centre or in hospital.</p> <p><b>CODE 4    Haemodialysis</b></p> <p>This code is used to indicate haemodialysis, chronic haemodialysis delivered at home, at a dialysis satellite centre or in hospital.</p> <p><b>CODE 5    Functioning renal transplant</b></p> <p>This code is used to indicate functioning renal transplant, the presence of a functioning renal transplant.</p>
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## Data element attributes

### Collection and usage attributes

<b>Guide for use:</b>	More than one code can be recorded.
<b>Collection methods:</b>	To be collected on commencement of treatment and regularly reviewed.

### Source and reference attributes

<b>Submitting organisation:</b>	Cardiovascular Data Working Group
<b>Origin:</b>	Caring for Australians with Renal Impairment Guidelines. Australian Kidney Foundation

### Relational attributes

<b>Related metadata references:</b>	Is re-engineered from  <a href="#">Renal disease therapy, version 1, DE, NHDD, NHMG, Superseded 01/03/2005.pdf</a> (17.5 KB) <i>No registration status</i>
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<b>Implementation in Data Set Specifications:</b>	<a href="#">Cardiovascular disease (clinical) DSS Health</a> , Superseded 15/02/2006 <b>DSS specific information:</b>
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Nephrotoxic agents (including radiocontrast) should be avoided where possible. Drugs that impair auto-regulation of glomerular filtration rate (GFR) (NSAIDs, COX-2, ACEI, ATRA) should be used with caution in renal impairment, particularly when patients are acutely unwell for other reasons (sepsis, peri-operative etc).

Although combination ACEI and diuretic can be a very potent and efficacious means of reducing blood pressure (and thereby slowing progression), either drug should be introduced individually and carefully in a patient with underlying renal impairment. At the very least, diuretic therapy should be held or reduced when commencing an ACEI in a patient with renal impairment. Combination therapy with ACEI, diuretics and NSAIDs or COX-2 may be particularly harmful.

Drugs, which are primarily excreted by the kidney (e.g. metformin, sotalol,

cisapride, etc.) need to be used with caution in patients with renal impairment. The calculated GFR needs to be determined and the dose reduced or the drug avoided as appropriate.

#### [Cardiovascular disease \(clinical\) DSS](#)

[Health](#), Superseded 04/07/2007

##### **DSS specific information:**

Nephrotoxic agents (including radiocontrast) should be avoided where possible. Drugs that impair auto-regulation of glomerular filtration rate (GFR) (NSAIDs, COX-2, ACEI, ATRA) should be used with caution in renal impairment, particularly when patients are acutely unwell for other reasons (sepsis, peri-operative etc).

Although combination ACEI and diuretic can be a very potent and efficacious means of reducing blood pressure (and thereby slowing progression), either drug should be introduced individually and carefully in a patient with underlying renal impairment. At the very least, diuretic therapy should be held or reduced when commencing an ACEI in a patient with renal impairment. Combination therapy with ACEI, diuretics and NSAIDs or COX-2 may be particularly harmful.

Drugs, which are primarily excreted by the kidney (e.g. metformin, sotalol, cisapride, etc.) need to be used with caution in patients with renal impairment. The calculated GFR needs to be determined and the dose reduced or the drug avoided as appropriate.

#### [Cardiovascular disease \(clinical\) DSS](#)

[Health](#), Superseded 22/12/2009

##### **DSS specific information:**

Nephrotoxic agents (including radiocontrast) should be avoided where possible. Drugs that impair auto-regulation of glomerular filtration rate (GFR) (NSAIDs, COX-2, ACEI, ATRA) should be used with caution in renal impairment, particularly when patients are acutely unwell for other reasons (sepsis, peri-operative etc).

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Drugs, which are primarily excreted by the kidney (e.g. metformin, sotalol, cisapride, etc.) need to be used with caution in patients with renal impairment. The calculated GFR needs to be determined and the dose reduced or the drug avoided as appropriate.

#### [Cardiovascular disease \(clinical\) DSS](#)

[Health](#), Superseded 01/09/2012

##### **DSS specific information:**

Nephrotoxic agents (including radiocontrast) should be avoided where possible. Drugs that impair auto-regulation of glomerular filtration rate (GFR) (NSAIDs, COX-2, ACEI, ATRA) should be used with caution in renal impairment, particularly when patients are acutely unwell for other reasons (sepsis, peri-operative etc).

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Drugs, which are primarily excreted by the kidney (e.g. metformin, sotalol, cisapride, etc.) need to be used with caution in patients with renal impairment. The calculated GFR needs to be determined and the dose reduced or the drug avoided as appropriate.

#### [Cardiovascular disease \(clinical\) NBPDS](#)

**DSS specific information:**

Nephrotoxic agents (including radiocontrast) should be avoided where possible. Drugs that impair auto-regulation of glomerular filtration rate (GFR) (NSAIDs, COX-2, ACEI, ATRA) should be used with caution in renal impairment, particularly when patients are acutely unwell for other reasons (sepsis, peri-operative etc).

Although combination ACEI and diuretic can be a very potent and efficacious means of reducing blood pressure (and thereby slowing progression), either drug should be introduced individually and carefully in a patient with underlying renal impairment. At the very least, diuretic therapy should be held or reduced when commencing an ACEI in a patient with renal impairment. Combination therapy with ACEI, diuretics and NSAIDs or COX-2 may be particularly harmful.

Drugs, which are primarily excreted by the kidney (e.g. metformin, sotalol, cisapride, etc.) need to be used with caution in patients with renal impairment. The calculated GFR needs to be determined and the dose reduced or the drug avoided as appropriate.

[Cardiovascular disease \(clinical\) NBPDS](#)

[Health](#), Standard 17/10/2018

**DSS specific information:**

Nephrotoxic agents (including radiocontrast) should be avoided where possible. Drugs that impair auto-regulation of glomerular filtration rate (GFR) (NSAIDs, COX-2, ACEI, ATRA) should be used with caution in renal impairment, particularly when patients are acutely unwell for other reasons (sepsis, peri-operative etc).

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