

Person—renal disease therapy, code N

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Person—renal disease therapy, code N

Identifying and definitional attributes

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

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

	Value	Meaning
Permissible values:	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

Guide for use:

CODE 1 Drugs for modification of renal disease

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.

CODE 2 Drugs for treatment of complications of renal disease

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).

CODE 3 Peritoneal dialysis

This code is used to indicate peritoneal dialysis, chronic peritoneal dialysis, delivered at home, at a dialysis satellite centre or in hospital.

CODE 4 Haemodialysis

This code is used to indicate haemodialysis, chronic haemodialysis delivered at home, at a dialysis satellite centre or in hospital.

CODE 5 Functioning renal transplant

This code is used to indicate functioning renal transplant, the presence of a functioning renal transplant.

Data element attributes

Collection and usage attributes

Guide for use: More than one code can be recorded.

Collection methods: To be collected on commencement of treatment and regularly reviewed.

Source and reference attributes

Submitting organisation: Cardiovascular Data Working Group

Origin: Caring for Australians with Renal Impairment Guidelines. Australian Kidney Foundation

Relational attributes

Related metadata references: Is re-engineered from  [Renal disease therapy, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (17.5 KB)
No registration status

Implementation in Data Set Specifications: [Cardiovascular disease \(clinical\) DSS Health](#), Superseded 15/02/2006
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 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:

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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

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

DSS specific information:

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

DSS specific information:

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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.