

Pre-dialysis management of CRF

The aim is to:

- Prevent progression of CRF so far as possible
- Prevent complications of CRF
- Ensure timely and appropriate planning of RRT when necessary (see Preparing patients for RRT)

Fluid balance	Prevent hypervolaemia (Na restriction, diuretics) Avoid hypovolaemia (no oedema, postural hypotension) Watch out for sodium-losing patients who will benefit from Na supplementation.
Hypertension	See blood pressure in renal disease
Diet	See diet
Hyperlipidaemia	See hyperlipidaemia
Acidosis	Prescribe NaHCO ₃ to keep plasma bicarbonate ≥ 20 if Na load perm
Osteodystrophy	Prescribe alfacalcidol (calcitriol equally effective) when there is hypocalcaemia or when PTH $> 2x$ normal in the presence of normal serum calcium. PO ₄ should be kept at ≤ 1.8 mmol/l by dietary restriction and the use of phosphate binders. See osteodystrophy