

# COVID-19 rapid guideline: chronic kidney disease

NICE guideline

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[www.nice.org.uk/guidance/ng176](https://www.nice.org.uk/guidance/ng176)

## Your responsibility

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

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## Overview

The purpose of this guideline is to maximise the safety of adults with chronic kidney disease during the COVID-19 pandemic. It also aims to protect staff from infection and enable services to make the best use of NHS resources.

NICE has also produced [COVID-19 rapid guidelines on dialysis service delivery](#) and [acute kidney injury in hospital](#).

This guideline focuses on what you need to stop or start doing during the pandemic. Follow the usual professional guidelines, standards and laws (including those on equalities, safeguarding, communication and mental capacity), as described in [making decisions using NICE guidelines](#).

This guideline is for:

- health and care practitioners
- health and care staff involved in planning and delivering services
- commissioners.

The recommendations bring together:

- existing national and international guidance and policies
- advice from specialists working in the NHS from across the UK. These include people with expertise and experience of treating patients with chronic kidney disease during the current COVID-19 pandemic.

NICE has developed these recommendations in direct response to the rapidly evolving situation and so could not follow the standard process for guidance development. The guideline has been developed using the [interim process and methods for developing rapid guidelines on COVID-19](#). The recommendations are based on evidence and expert opinion and have been verified as far as possible. We will review and update the recommendations as the knowledge base and expert experience develops.



# 1 Communicating with patients and minimising risk

- 1.1 Communicate with patients, their families and carers, and support their mental wellbeing to help alleviate any anxiety they may have about COVID-19. Signpost to sources of information (such as [Kidney Care UK coronavirus \(COVID-19\) guidance for patients with kidney disease](#), the [National Kidney Federation coronavirus \(COVID-19\) information and advice for patients and local kidney patient organisations](#)), support groups (including NHS Volunteer Responders) and [UK government guidance on the mental health and wellbeing aspects of COVID-19](#).
- 1.2 Some patients will have received a letter telling them they are at high risk of severe illness from COVID-19. Tell them:
- to follow the advice on shielding in [UK government guidance on shielding and protecting people defined on medical grounds as extremely vulnerable to COVID-19](#)
  - that their level of risk may change, as a result of advice from their primary care team, their specialists or changes in government guidance.
- 1.3 Telephone, email or text patients booked for a nephrology appointment. Tell them:
- not to stop or change any medicine unless advised to by their healthcare professional
  - to keep a list of the medicines they take, and any conditions they have, to give to healthcare staff if they need treatment for COVID-19
  - that if they have been advised to self-isolate because they may have COVID-19 they should follow the [UK government stay at home advice for households with possible coronavirus infection](#).
- 1.4 Minimise face-to-face contact by:
- using telephone, video or email consultations whenever possible
  - cutting non-essential face-to-face appointments

- contacting patients via text message, telephone or email
  - using electronic prescriptions rather than paper
  - using different methods to deliver prescriptions and medicines, for example, pharmacy deliveries, postal services or NHS Volunteer Responders, or introducing drive-through pick-up points for medicines.
- 1.5 Tell patients that they should contact the [NHS 111 online coronavirus service](#) if they think they have COVID-19. They should also contact their renal team (if they have one) for advice. In an emergency, they should call 999.
- 1.6 If patients need to attend face-to-face appointments or for blood tests, ask them to help reduce the risk of contracting or spreading COVID-19 by:
- following relevant parts of government advice on social distancing (this differs across the UK)
  - coming to the appointment alone
  - having only 1 person accompany them if they cannot come alone
  - avoiding public transport if possible; if they must use public transport, suggest they wear a face covering.
- 1.7 Use local services for blood tests where possible.
- 1.8 Minimise time in the waiting area by:
- careful scheduling
  - encouraging patients not to arrive early
  - texting or phoning patients when you are ready to see them, so that they can wait outside, for example, in their car
  - providing a 'clean route' through the hospital or clinic
  - delivering treatment promptly
  - ensuring prescriptions are dispensed rapidly.

## 2 Patients known or suspected to have COVID-19

- 2.1 When patients with known or suspected COVID-19 have been identified, follow appropriate [UK government guidance on infection prevention and control for COVID-19](#). This includes recommendations on using personal protective equipment (PPE), patient transfers and options for outpatient settings.
- 2.2 If COVID-19 is later diagnosed in a patient not isolated from admission or presentation, follow [UK government guidance on the management of exposed healthcare workers and patients in healthcare settings](#).
- 2.3 If a patient not previously known or suspected to have COVID-19 shows symptoms at presentation, follow [UK government guidance on investigation and initial clinical management of possible cases](#). This includes information on testing and isolating patients.

## 3 Managing chronic kidney disease (CKD)

### Modifying usual care

- 3.1 Think about how to modify usual care to reduce patient exposure to COVID-19 and make best use of resources (workforce, facilities and equipment) while ensuring that services are available for patients.
- 3.2 When modifying individual patients' treatment plans:
- take their preferences for care and treatment into account
  - take their clinical circumstances into account
  - involve all relevant members of the multidisciplinary team in the decision
  - record the reasoning behind each decision.
- 3.3 Discuss the risks and benefits of changing treatment schedules or interrupting treatment with patients.

### Medicines

- 3.4 Advise patients to continue taking their medicines (including ACE inhibitors, angiotensin receptor blockers, immunosuppressants and diuretics) as normal, unless advised to stop by their healthcare professional. This includes patients who have symptoms of COVID-19.

Be aware that there is no evidence from clinical or epidemiological studies that ACE inhibitors or angiotensin receptor blockers might worsen COVID-19.

See:

- the [Renal Association UK position statement on COVID-19 and ACE inhibitor/angiotensin receptor blocker use](#)

- the [Renal Association guidance for clinicians with patients receiving immunosuppression treatment for autoimmune conditions of their native kidneys during COVID-19](#).
- 3.5 For patients with CKD and suspected or confirmed COVID-19, review the use of medicines, taking into account whether any have the potential to adversely affect renal function.
- 3.6 Prescribe usual quantities of medicines to meet the patient's clinical needs. Prescribing larger quantities of medicines puts the supply chain at risk.

## Monitoring CKD

- 3.7 Reassess renal function in patients with CKD who have recovered from COVID-19. Base the urgency of reassessment on the patient's GFR category, comorbidities and clinical circumstances.
- 3.8 For patients who are stable on treatment, assess whether it is safe to reduce the frequency of routine blood and urine tests during the COVID-19 pandemic. Take into account any comorbidities and whether their CKD is progressive. (NICE's guideline on chronic kidney disease provides [recommendations on the frequency of routine monitoring](#).)
- 3.9 Encourage self-monitoring and self-management (including blood pressure monitoring) for patients who are able to do this. Give them access to their medical data (including diagnosis, comorbidities, test results, treatments and correspondence) through information systems such as [PatientView](#) or primary care electronic records systems.
- 3.10 Ensure that patients who are self-monitoring or self-managing know when they should seek help and who to contact.

## 4 Specialist services

### Referrals to renal services

- 4.1 To minimise risk from COVID-19, delay referral if the clinical need is not urgent, for example, if the patient has mild to moderate proteinuria and a stable GFR (including patients with suspected inherited kidney disease).
- 4.2 Continue to refer patients for urgent outpatient appointments if there is a clinical need, for example, if the patient has:
- accelerated progression of CKD, defined as:
    - a sustained decrease in GFR of 25% or more and a change in GFR category within 12 months or
    - a sustained decrease in GFR of 15 ml/min/1.73 m<sup>2</sup> per year
  - nephrotic syndrome or very severe proteinuria (urinary ACR more than 300 mg/mmol)
  - a new diagnosis of GFR category G5 (GFR less than 15ml/min/1.73m<sup>2</sup>).
- 4.3 Contact the renal team by telephone or virtually if there is uncertainty about the need for an urgent outpatient referral.

### Renal ultrasound

- 4.4 To minimise risk from COVID-19, delay referral for renal ultrasound if the result is unlikely to change management immediately, for example, if the patient has:
- a family history of polycystic kidney disease and needs renal ultrasound to exclude this disease
  - a GFR less than 30 ml/min/1.73 m<sup>2</sup> (GFR category G4 or G5) that has been stable for at least 6 months
  - been identified by a nephrologist as having a possible need for a non-urgent renal biopsy.

4.5 Continue to refer patients for renal ultrasound if the result might immediately change management, for example, if the patient has:

- accelerated progression of CKD (see recommendation 4.2)
- visible or persistent invisible haematuria
- symptoms of urinary tract obstruction
- been identified by a nephrologist as needing an urgent renal biopsy.

## Hospital admission

4.6 When deciding whether to refer a patient with CKD and COVID-19 for hospital admission, discuss with the admitting clinician and take into account:

- the patient's preferences
- the severity of the CKD and any comorbidities
- whether the patient is taking immunosuppressants
- the benefits and risks of admission
- the care that can be offered in hospital compared with that at home.

## 5 Advanced chronic kidney disease

- 5.1 For patients who will be starting dialysis, continue to plan and carry out procedures to create vascular and peritoneal access.
- 5.2 Think about whether it is safe to delay starting dialysis during the COVID-19 pandemic. Refer to the [NICE COVID-19 rapid guideline on dialysis service delivery](#) for details about how to do this.
- 5.3 Continue to refer patients for transplantation, if suitable, but explain that some of the tests and assessments need to be done in hospital and may be delayed during the COVID-19 pandemic.
- 5.4 Ensure all patients with advanced CKD have had the opportunity to participate in advance care planning. This may include discussions about ceilings of treatment, conservative kidney management or end-of-life care, as well as making advance statements or advance decisions. Bear in mind that discussions may need to take place remotely. Document discussions and decisions clearly, and take account of these in planning care.

## 6 Healthcare workers

- 6.1 All healthcare workers involved in receiving, assessing and caring for patients who have known or suspected or COVID-19 should follow [UK government guidance for infection prevention and control](#). This contains information on using personal protective equipment (PPE), including visual and quick guides for putting on and taking off PPE.
- 6.2 Healthcare workers with known or suspected COVID-19, or who live in a household in which another person is known or suspected to have COVID-19, should self-isolate and arrange to be tested in line with local protocols. They should only return to work in accordance with [UK government guidance on stay at home: guidance for households with possible coronavirus \(COVID-19\) infection](#).
- 6.3 If a healthcare professional needs to self-isolate, ensure that they can continue to help if they are well enough to do so by:
- enabling telephone or video consultations and virtual attendance at multidisciplinary team meetings
  - identifying patients who are suitable for remote monitoring and follow up, and those who are vulnerable and need support
  - carrying out tasks that can be done remotely, such as entering data.
- 6.4 Support staff to keep in touch as much as possible, to support their mental wellbeing.
- 6.5 Provide all staff with visible leadership and supportive messaging, to maintain morale.
- 6.6 Take account of the information on the [NHS Employers website](#) about good partnership working and issues to consider when developing local plans to combat COVID-19.

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