

Pediatric Chronic Kidney Disease Fact Sheet

ANNA

**American
Nephrology
Nurses'
Association**

*Developed by:
ANNA Pediatric Nephrology
Specialty Practice Network*

ANNA's Mission Statement

ANNA promotes excellence in and appreciation of nephrology nursing so we can make a positive difference for people with kidney disease.

Additional Information:

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CHRONIC KIDNEY DISEASE: WHAT IS IT?

There are many types of kidney disease. Chronic kidney disease (CKD) in children may occur as a result of congenital malformation or systemic disease. It is characterized by a slow, irreversible, and often silent deterioration of kidney function. CKD is often undiagnosed until the signs and symptoms related to the loss of kidney function materialize. This disease can affect every aspect of the child's life as the kidney failure progresses over a period of months or years. Affected children will need dialysis and/or kidney transplantation as their kidney failure progresses to end stage.

However, the focus should be on wellness as opposed to illness. This means the child is viewed as having a chronic illness, not as being chronically ill or disabled.

Stage	Description	GFR (mls/min/1.73m ²)
1	Kidney damage with normal or increased GFR	> 90
2	Kidney damage with mild decrease GFR	60-89
3	Moderate ↓ GFR	30-59
4	Severe ↓ GFR	15-29
5	Kidney Failure	<15 (or dialysis)

Source: *NKF Clinical Practice Guidelines for Chronic Kidney Disease, 2002*

SIGNS AND SYMPTOMS: WHAT TO LOOK FOR

- Decreased energy, difficulty concentrating, change in school performance
- Nausea, vomiting, loss of appetite, weight loss
- Pallor, fatigue
- Headache, high blood pressure, incontinence, urinary frequency
- Poor growth, not growing as fast as peers

COMMON MEDICATIONS USED IN TREATMENT

- Iron preparations: To treat iron deficiency anemia.
- Calcium supplements/phosphate binders: To help decrease high phosphorus levels in the blood and treat renal bone disease. Usually prescribed to be taken with meals.
- Vitamin D or calcitrol: To treat and prevent bone disease.
- Antihypertensives: To control high blood pressure.
- Human Growth Hormone/HGH: Long-term treatment of growth failure; given as a subcutaneous injection.
- Erythropoietin-stimulating agents: To promote red blood cell production; given as a subcutaneous injection.
- Bicarbonate supplements: To treat metabolic acidosis, help control bone disease, and optimize growth.

NUTRITIONAL CONSIDERATIONS

Nutritional needs for the child with chronic kidney disease often change as kidney function declines. Many children with inadequate caloric intake require nutritional supplements either orally or by NG or G-tube. A renal dietician will be involved in making an individualized diet program for these children as well as working with the renal team to monitor their growth and laboratory values.

SPECIAL NEEDS

_____ is a student at your school and is being treated for chronic kidney disease at _____.
His/her primary kidney disease is _____.

Other Questions:

For questions and/or concerns please contact us at 1-888-600-2662

For more information about nephrology nursing, dialysis, transplantation, or other renal disorders, check out the American Nephrology Nurses' Association (ANNA) Web site at annanurse.org.

