



## CHRONIC KIDNEY DISEASE (CKD) ACTION PLAN

REVIEW EACH GOAL: IN STATUS COLUMN RECORD: ALREADY MET (M), DOES NOT APPLY TO ME (NA) OR UNMET (UM). NEXT: SELECT 1 OR MORE UNMET GOALS, RECORD START DATE AND FILL IN IT'S ACTION PLAN. AS YOU MEET GOALS RECORD DATE IN GOAL MET COLUMN.

Goal	Action Plan	Status	Start Date	Goal Met Date
When listed guideline recommendation				
<b>Knowledge Goals</b> <ul style="list-style-type: none"> <li>• Cause of CKD</li> <li>• My eGFR*</li> <li>• My UACR*</li> </ul>	The cause of my CKD is _____ My eGFR is _____ My UACR is _____			
<b>Example for a Performance Goal</b>	What am I going to do _____walk_____ How often will I do it ____5 days a week_____ When will I do it _in the morning, 6-6:30 am_____ What support do I have _my spouse walks with me			
<b>Diabetes</b>  <b>Goal A1C =7</b>  <b>My A1C is _____</b>  <b>My goal is _____</b>	What am I going to do _____ How often will I do it _____ When will I do it _____ What support do I have? _____			
<b>Hypertension</b>  <b>Goal B/P= &lt; 140/90</b>  <b>My B/P is _____</b>  <b>My goal is _____</b>	What am I going to do _____ How often will I do it _____ When will I do it _____ What support do I have? _____ I can check my B/P at home (Yes or No) _____			
<b>Exercise</b>  <b>Goal=30 min 5 days a week</b>  <b>My goal is _____</b>	What am I going to do _____ How often will I do it _____ When will I do it _____ What support do I have? _____			
<b>Medication</b>  <b>Statin recommended if age &gt;50 or have diabetes or other risk factors</b>	Medications I need to avoid are _____ What I do to be sure I take my meds _____ _____ System I have to re-order meds _____ What support do I have? _____			

SET SMART GOALS : SPECIFIC, MEASURABLE, ACTIONABLE, REALISTIC, TIME BOUND  
 REVIEW THEM FREQUENTLY  
 SHARE THEM WITH SOMEONE THAT WILL SUPPORT YOU  
 REWARD YOURSELF FOR EACH COMPLETED GOAL.

<b>Stop Smoking/using tobacco products</b>	What am I going to _____ How often will I do it _____ When will I do it _____ What support do I have? _____			
<b>Kidney Friendly Diet</b> <ul style="list-style-type: none"> <li>• <b>Limit Salt (Sodium) &lt; 2300mg/day</b></li> <li>• <b>Limit Protein to 2-3 ounces per meal</b></li> <li>• <b>Choose heart healthy fats</b></li> <li>• <b>Starting in CKD stage 3:</b></li> <li>• <b>Avoid foods with added phosphorus &amp; and choose low Phosphorus foods 800-1000mg/day</b></li> <li>• <b>If your potassium is high or low, you may need to limit or increase high potassium foods.</b></li> <li>• <b>If you have swelling, you may need to limit both fluids and salt</b></li> </ul>	What high _____ foods will I limit _____ What low _____ foods can I enjoy _____ What changes can I make to be successful _____ I will change my portion sizes of _____ I will read labels _____% of the time. When will I check for swelling _____ What will I do if I have it? _____ What support do I have? _____			
<b>Monitoring</b>  <b>Glucose checks, B/P, diet diary</b>	What am I going to do _____ How often will I do it _____ When will I do it _____ What support do I have? _____			
<b>Weight Management</b>  <b>Goal weight _____</b>	What am I going to monitor _____ How often will I do it _____ My first weight goal is _____ What support do I have? _____			

Adapted from a "Health for Life an Everyone with Diabetes Counts initiative" Action Plan from TMF Health Quality Institute under contract with CMS

\*eGFR: estimated Glomerular Filtration Rate, (<60=CKD) UACR: Urine Albumin to Creatinine Ratio (Goal<30mg/g)