## RENAL DYSFUNCTION

CHI Formulary Treatment Algorithm

Treatment Algorithm-January 2024
Supporting treatment algorithm for the clinical management of Renal Dysfunction

Е

Figures 1 to 4 outline a comprehensive treatment algorithm on **the local, local-regional disease and advanced disease for Renal Dysfunction**, respectively, aimed at addressing the different lines of treatment after thorough review of medical and economic evidence by CHI committees.

For further evidence, please refer to CHI **Renal Dysfunction** full report. You can stay updated on the upcoming changes to our formulary by visiting our website at <a href="https://chi.gov.sa/AboutCCHI/CCHIprograms/Pages/IDF.aspx">https://chi.gov.sa/AboutCCHI/CCHIprograms/Pages/IDF.aspx</a>

Our treatment algorithm offers a robust framework for enhancing patient care and optimizing treatment outcomes across a range of treatment options, holding great promise for improving healthcare delivery.

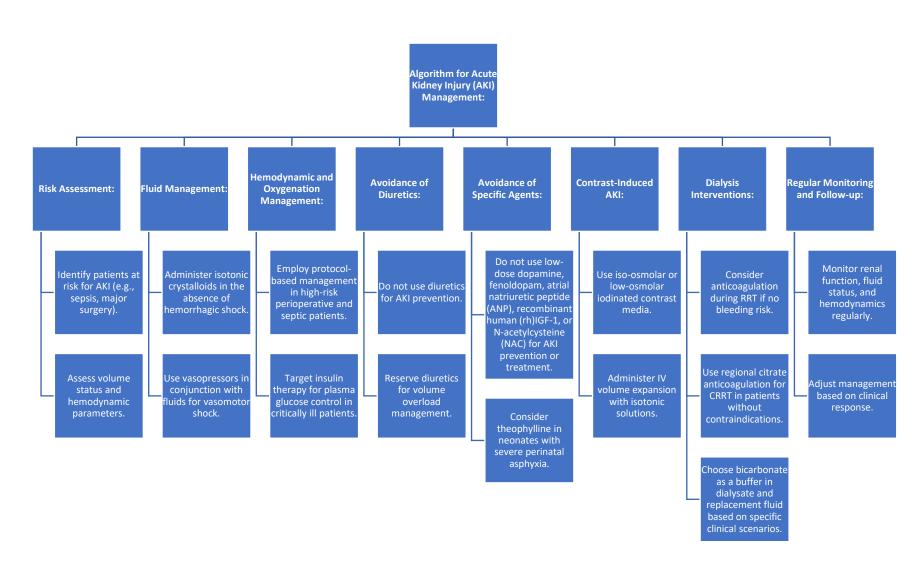


Figure 1. Acute Kidney Injury Treatment Algorithm based on the KDIGO 2012 Acute kidney injury treatment guidelines. For the level of evidence, please refer to the full report.

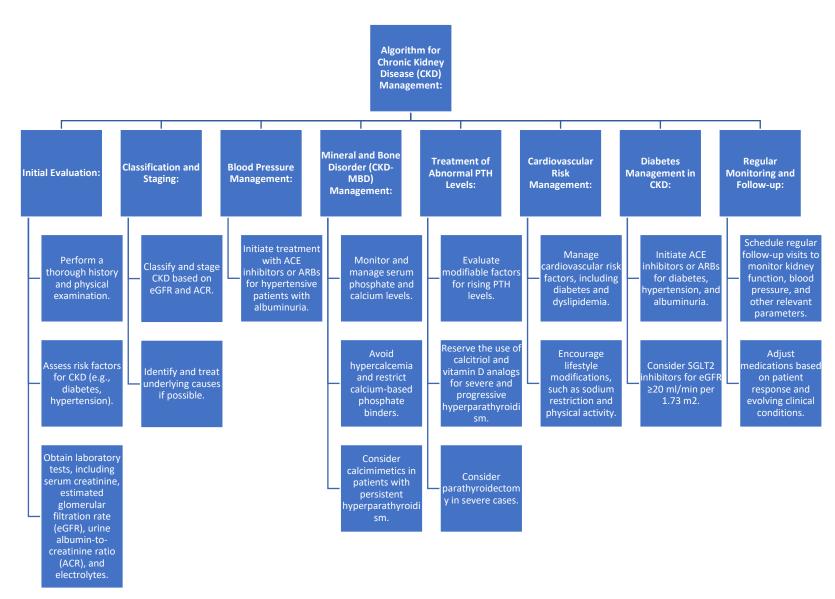
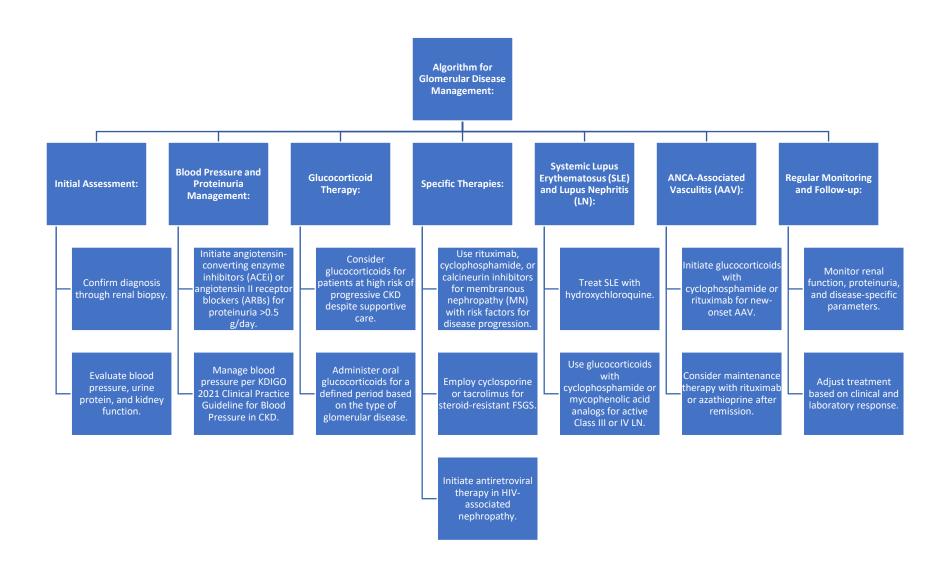


Figure 2. Chronic Kidney Disease Treatment Algorithm based on the KDIGO 2017 Chronic Kidney Disease—Mineral and Bone Disorder treatment guidelines, the KDIGO 2021 Clinical Practice Guideline for the Management of Blood Pressure in Chronic Kidney Disease, and the KDIGO 2022 Diabetes Management in Chronic Kidney Disease treatment quideline. For the level of evidence, please refer to the full report.



**Figure 3.** Glomerular Disease Treatment Algorithm based on the KDIGO 2021 Management of Glomerular Diseases treatment guideline. For the level of evidence, please refer to the full report.

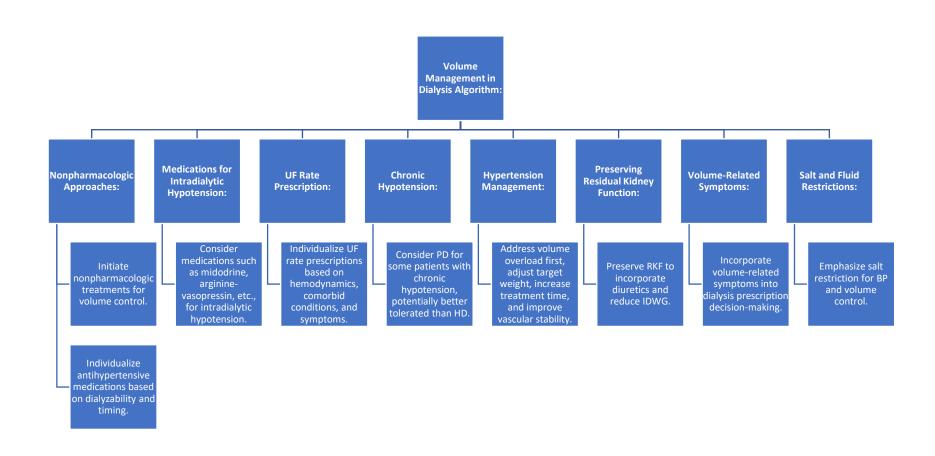


Figure 4. Volume Management in Dialysis Treatment Algorithm based on the Blood pressure and volume management in dialysis: conclusions from a Kidney Disease: Improving Global Outcomes (KDIGO) Controversies Conference (2020). For the level of evidence, please refer to the full report.