Indications for RAASi

- Hypertension
- Diabetes with CKD
- Chronic Kidney Disease
- Heart Failure

For all indications: avoid any combination of ACEi, ARB, direct renin inhibitor

Early Monitoring

Monitor kidney function and electrolytes at start and 2 - 4 weeks following RAASi initiation or dosage adjustments RAASi:

- Creatinine
- Potassium
- Bicarbonate

*Consider creatinine rise up to 30% as an appropriate hemodynamic change

Long-Term Management

- Closely follow the labs for the items in the “early monitoring” box above until they are in safe ranges.
- Include monitoring of kidney function and electrolytes (creatinine, potassium and bicarbonate) during routine visits
- Up-titrated RAASi to maximally tolerated, evidence-based doses
- Mitigate the risk of hyperkalemia with preventive measures (continuous review of concomitant drugs, diet, use of diuretics, acidosis correction and K binders) to ensure optimal RAASi utilization

Potential Issues

- **Hyperkalemia** – if hyperkalemia arises, manage according to [this tool](#). Discontinue RAASi as a last resort.
- **Acute decline in kidney function**: if increase in creatinine occurs, manage according to [this tool](#). Discontinue RAASi as a last resort.
- **Metabolic acidosis**: review diet and reduce intake of animal protein and processed foods. Consider prescription of oral bicarbonate.