How to Monitor and Manage Acute Changes in Kidney Function Related to RAASi

1. Assess creatinine before initiation or change in RAASi dose → **2. Check creatinine (together with potassium and electrolytes) 2-4 weeks after** → **3. If creatinine increases, assess magnitude and manage**

Note: increase in serum creatinine can be a result of a haemodynamic RAASi effect

Creatinine increases <50% from baseline
(as long as and eGFR remains >20ml/min)

- Acceptable, no changes in RAASi needed if kidney function stabilizes
- Further assess creatinine as part of the long-term monitoring

Creatinine increases between 50 to 100%
(as long as eGFR remains >20ml/min)

- Reduce dose to half or temporary withhold RAASi
- Exclude reversible causes (refer to info on page 2)
- Reassess kidney function after 2-4 weeks
  - If improvement, increase dose or re-introduce at half dose (check creatinine again in 2-4 weeks)

Creatinine increases more than 100%

- Temporarily withhold RAASi
- Exclude reversible causes (refer to info on page 2)
- Reassess kidney function in 2-4 weeks
  - If improvement, re-attempt the doses (check creatinine in 2-4 weeks)

Note: Keep in mind that discontinuation and reducing doses of RAASi can worsen outcomes in HF and CKD

- *In the management of HF as a primary indication for RAASi, a more aggressive approach is preferred if kidney function is preserved*
- *In advanced CKD, a more conservative approach may be necessary*

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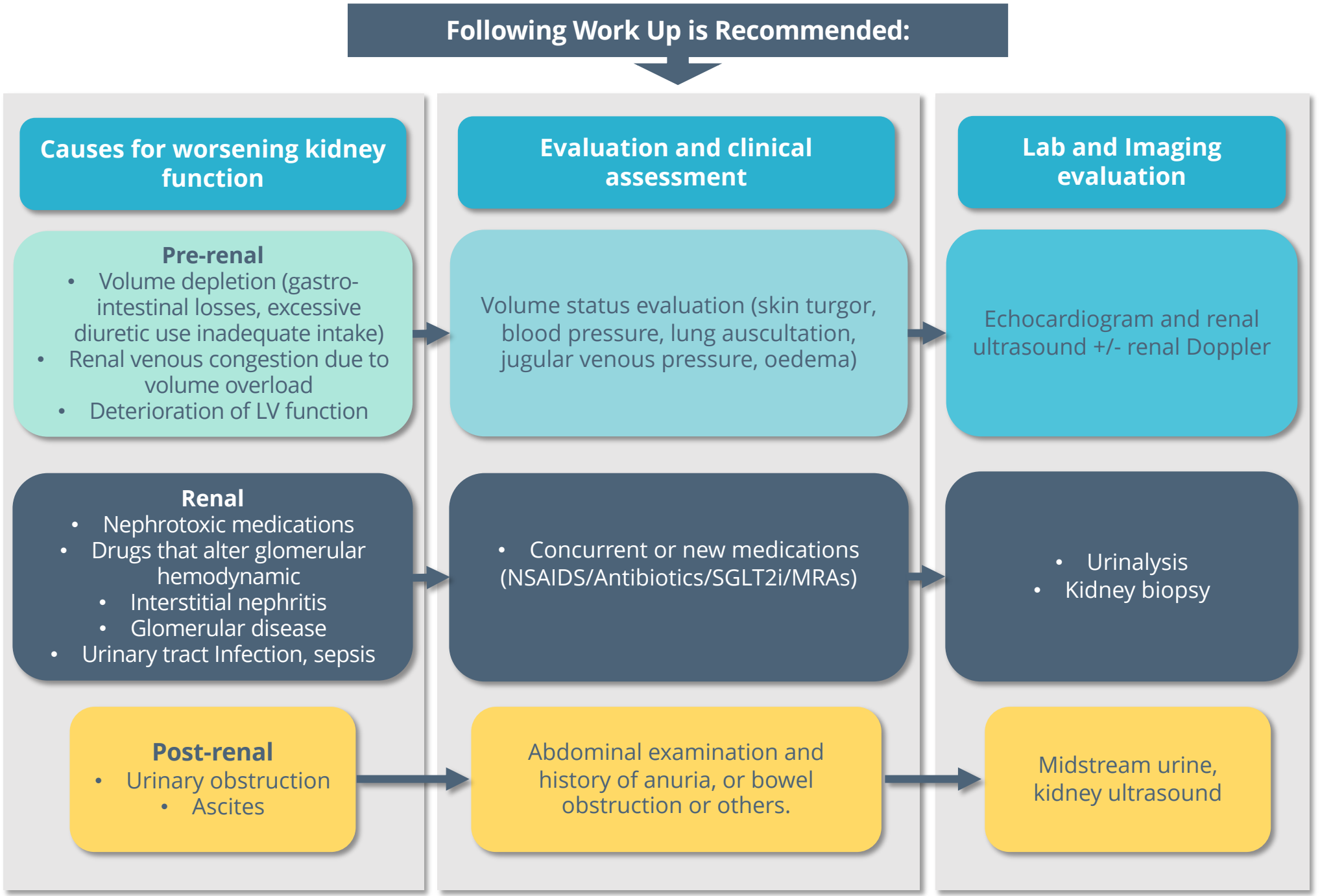

For funding and support information, see: https://www.theisn.org/initiatives/toolkits/raasi-toolkit/#Support