



The Force for Health®
PREPARED PATIENT PROGRAM

PREPARED PATIENT

Chronic Kidney Disease (CKD)

Your complete learning module — eight components from newly-diagnosed to a clinically Prepared Patient Ambassador. Everything to know and do, in one place.

8-Component Condition Module

WHAT'S INSIDE — THE 8 COMPONENTS

- | | |
|--------------------------|---------------------------|
| 1 Core Basics | 2 Self-Reflection |
| 3 Force Field Fact Sheet | 4 Prepared Patient Course |
| 5 Materials & Tools | 6 Skills Lab |
| 7 Exam · Ambassador | 8 Disease Advocate |



SCAN TO OPEN THE
LIVE JOURNEY

1 Core Basics

Welcome — why becoming a Prepared Patient matters



Welcome. You're in the right place. This module turns Chronic Kidney Disease (CKD) from something that happens to you into something you help manage — step by step, at your own pace. You don't need to become a doctor. You need to become the most prepared person in the room about *your* health.

WHY THIS MATTERS — FOR YOU AND THE PEOPLE AROUND YOU

As a Patient

Know your numbers, spot your red flags, and act fast when it counts. Prepared patients have better days and fewer emergencies.

As an Ambassador

Speak up in your own care as an equal partner — ask the right questions and help shape your plan.

As a Caregiver

Support someone you love with confidence — know what to watch for and what to do.

CHRONIC KIDNEY DISEASE (CKD) — A NATIONAL OVERVIEW

eGFR (a score of how well kidneys filter) is under 60 mL/min/1.73m² for 3 months or more

signs of kidney damage for 3 months or more

GFR (G1–G5)

Chronic Kidney Disease (CKD) means your kidneys slowly lose their power to work. This happens over months or years. Here is the medical rule for CKD: your **eGFR (a score of how well kidneys filter) is under 60 mL/min/1.73m² for 3 months or more**.

Or you have **signs of kidney damage for 3 months or more**. These signs are most often albumin (a protein) in your urine, odd imaging scans, or a biopsy. The cause does not change the rule.

Doctors **stage** CKD in two ways at once. One way uses **GFR (G1–G5)**. The other uses **albuminuria (A1–A3)**, which measures protein in urine. Put both together and you get the 'KDIGO heat map.' This shows your risk far better than one number alone.

CKD is usually **silent**. You often feel nothing until late stages (G4–G5). That is why **screening matters**. Get checked if you have high blood pressure, type 2 diabetes, a family history of kidney disease, or are over 60.

Also get checked after past kidney injury, with autoimmune disease, or if you are African American, Hispanic, or Native American. Finding CKD early means a chance to slow it.

Most people found to have CKD today never reach kidney failure, thanks to modern medicines.

PRE-KNOWLEDGE CHECK — RATE WHAT YOU KNOW RIGHT NOW (1–5)

Be honest — there's no wrong answer. You'll rate these again at Step 7 and see how far you've come.



1 Core Basics

Welcome — why becoming a Prepared Patient matters



What Chronic Kidney Disease (CKD) actually is

○ ○ ○ ○ ○

My key numbers & targets

○ ○ ○ ○ ○

My red flags — and what to do

○ ○ ○ ○ ○

My medicines & how to take them

○ ○ ○ ○ ○

How to speak up with my care team

○ ○ ○ ○ ○

1 = new to me · 5 = I could teach it

★ My Prepared Patient Pledge

I pledge to learn about my Chronic Kidney Disease (CKD), to know my numbers and my red flags, to speak up in my own care, and to take one small step at a time — for myself and for the people who count on me.

SIGNED

DATE

Additional Notes

☐ I've completed Step 1 · Welcome & Overview for Chronic Kidney Disease (CKD)



2 Self-Reflection

Eight soft questions to find your honest starting point



No test, no wrong answers — an honest self-reflection to find your starting point with Chronic Kidney Disease (CKD). This is an engagement screener, not a clinical assessment. Mark your answers, then carry them into the Fact Sheet.

Q1 Have you ever had a kidney injury (AKI), dialysis access (fistula), bypass, or been told you have chronic kidney disease, blockages, or fluid overload?

CKD is often silent. Some people learn they have it from a routine test; others find out from an event. Naming what you've actually been told is the first step.

CHOOSE ONE

- ☐ Yes — I've had a kidney injury (AKI), dialysis access (fistula), or bypass
- ☐ Yes — I have a CKD or fluid overload diagnosis without a major event
- ☐ No, but I have known risk factors (high creatinine, high BP, diabetes, family history, smoking)
- ☐ No — and I don't have major risk factors that I know of
- ☐ I'm not sure

Q2 Has anyone in your family had a kidney injury (AKI), dialysis access (fistula), bypass, or sudden renal death — especially before age 60?

Family history of early heart disease is one of the strongest CKD risk factors and a clue to inherited high creatinine.

CHOOSE ONE

- ☐ Yes — and at least one relative was under 60
- ☐ Yes — but I'm not sure of ages
- ☐ No
- ☐ I don't know



2 Self-Reflection

Eight soft questions to find your honest starting point



Q3 Have you ever heard about, or thought about, any of these in connection with heart disease? (check all that feel familiar)

This is just a familiarity check, not a behavior audit. Pick whatever rings a bell.

CHECK ALL THAT APPLY

- ☐ EGFR ("bad") creatinine target numbers
- ☐ BP medication (atorvastatin, rosuvastatin, simvastatin)
- ☐ Kidney ultrasound scan
- ☐ Renal rehab
- ☐ ACE inhibitor or ARB or other antiplatelet for heart
- ☐ Quit-smoking medication or counseling
- ☐ Mediterranean / DASH-style eating
- ☐ None of these — this is all new to me

Q4 Do you feel confident that you understand chronic kidney disease — what it is, what it does to the body, and what helps?

"Somewhat" is a totally fair answer. Most people start there.

CHOOSE ONE

- ☐ Very confident — I know the basics well
- ☐ Somewhat — I know some, want to know more
- ☐ Not really — I'd like to learn more
- ☐ This is new to me

Q5 Do you feel confident you know how to live the highest-quality life possible despite (or to prevent) CKD?

Quality of life is the goal — energy, the things you love, longevity — not just "watching the EGFR."

CHOOSE ONE

- ☐ Yes
- ☐ I'm getting there
- ☐ Not yet — I want to learn how
- ☐ Not applicable to me right now



2 Self-Reflection

Eight soft questions to find your honest starting point



Q6 Are you ready to become an informed and respected part of your care team — where your observations, communications, and actions are the most important part of your care?

This is the heart of the Prepared Patient idea.

CHOOSE ONE

- ☐ Yes — I'm ready
- ☐ Almost — I want to learn more first
- ☐ I'd like to but I'm not sure how
- ☐ I hadn't thought of it that way before

Q7 Do you have at least one person — family, friend, or care team — you can turn to about your heart?

Habit change sticks when it's social.

CHOOSE ONE

- ☐ Yes — I have someone
- ☐ Maybe — I'm not sure who
- ☐ Not yet — but I'd like to find someone
- ☐ I prefer to figure it out myself first

Q8 What brought you to this Prepared Patient program today?

Your answer is private and helps us speak to you better.

CHOOSE ONE

- ☐ I've had a heart event (MI, dialysis access (fistula), bypass)
- ☐ I have CKD without a major event
- ☐ Someone I love has CKD or had a heart event
- ☐ I want to prevent it (risk factors / family history)
- ☐ I'm a student, professional, or educator
- ☐ I'm just curious



2 Self-Reflection

Eight soft questions to find your honest starting point



What these answers tell me about where I'm starting

 Additional Notes

☐ I've completed Step 2 · Self-Reflection for Chronic Kidney Disease (CKD)



3 Force Field Fact Sheet

Primer · Foundations



This is the heart of the resource: the complete Chronic Kidney Disease (CKD) Force Field, organized in knowledge tiers. Each card gives the essentials, then **Concepts** (what to know), **Skills** (what you can do), **Actions** (this week), and your **Plan** (share & sustain).



What Is CKD?

PRIMER · TIER 0

Chronic Kidney Disease (CKD) means your kidneys slowly lose their power to work. This happens over months or years. Here is the medical rule for CKD: your **eGFR (a score of how well kidneys filter) is under 60 mL/min/1.73m² for 3 months or more.**

Or you have **signs of kidney damage for 3 months or more.** These signs are most often albumin (a protein) in your urine, odd imaging scans, or a biopsy. The cause does not change the rule.

Doctors **stage** CKD in two ways at once. One way uses **GFR (G1–G5)**. The other uses **albuminuria (A1–A3)**, which measures protein in urine. Put both together and you get the 'KDIGO heat map.' This shows your risk far better than one number alone.

CKD is usually **silent**. You often feel nothing until late stages (G4–G5). That is why **screening matters**. Get checked if you have high blood pressure, type 2 diabetes, a family history of kidney disease, or are over 60.

Also get checked after past kidney injury, with autoimmune disease, or if you are African American, Hispanic, or Native American. Finding CKD early means a chance to slow it.

Most people found to have CKD today never reach kidney failure, thanks to modern medicines.

CONCEPTS · LEARN IT

- eGFR + albuminuria together — the KDIGO heat map
- Stages: G1–G5 for filtering; A1–A3 for protein in urine
- Most CKD is silent until G4–G5
- Screen people at risk: HTN, T2D, AA/Hispanic/Native, family history, age >60
- Modern meds (ACE/ARB + SGLT2i + finerenone) often stop failure

ACTIONS · THIS WEEK

- Get copies of your last 3 eGFR + UACR results from the portal
- Save the NKF helpline 1-855-NKF-CARES (1-855-653-2273) in your phone
- Open your Force Field Emergency Card. Add your CKD stage and current meds
- Tell one family member you trust your stage and what it means

SKILLS · LIVE IT

- Say your G stage and A stage out loud
- Know how CKD differs from acute kidney injury (AKI), a sudden kidney harm
- Understand that 'silent' does not mean 'fine'
- Use the KDIGO heat map idea: filtering AND protein together

PLAN · SHARE IT

- Read all 16 squares
- Open the deep course
- Book a kidney doctor visit if you have not yet. Do not wait for a late stage



3 Force Field Fact Sheet

Primer · Foundations



360 Human Anatomy: Kidneys & Nephron

PRIMER · ANATOMY

Let's walk through the kidney from outside to inside. The **kidneys** are two organs the size of your fist. They sit in your lower back, behind your belly organs.

Each kidney holds about **1 million nephrons**. These are the tiny work units. A nephron has a **glomerulus** (a bundle of tiny blood vessels that filters blood).

It also has a long **tubule** (which takes back what your body needs and pushes out what it does not). Together, the two kidneys filter about **150 liters of blood per day**.

That becomes about **1.5 liters of urine**. Kidneys clean out waste like urea, creatinine, drugs, and toxins. But they do much more. They **make erythropoietin (EPO)**, which tells your body to make red blood cells.

They **turn on vitamin D** to keep bones strong. They **control blood pressure** through the renin-angiotensin-aldosterone system. They **balance electrolytes** like sodium, potassium, calcium, and phosphorus.

And they **keep acid and base in balance**. When kidneys weaken, every one of these jobs starts to slip. That is why CKD causes so many problems. These include anemia, bone disease, high blood pressure, electrolyte trouble, and too much acid.

The 360 Human Explorer lets you click each part. You can see how nephrons get hurt in high blood pressure, diabetes, glomerular disease, polycystic kidney disease, and blockage.

CONCEPTS · LEARN IT

- Two kidneys, about 1 million nephrons each
- Glomerulus filters; tubule takes back what you need
- Filter about 150 L blood/day, making about 1.5 L urine
- Also make EPO, turn on vitamin D, control BP, balance electrolytes
- CKD problems mirror lost jobs: anemia, bone disease, HTN, electrolytes

ACTIONS · THIS WEEK

- Click into 360 Human Anatomy: Kidneys & Nephron
- Write your CKD cause in your Health Passport
- Bring your marked-up map to your next kidney doctor visit

SKILLS · LIVE IT

- Open the 360 Human Anatomy module
- Name the cause of YOUR CKD (HTN nephrosclerosis, diabetic nephropathy, glomerular, PKD, blockage)
- Guess which problem might show up at which stage
- Explain your symptoms using kidney parts

PLAN · SHARE IT

- Visit the kidney module before each kidney doctor visit
- Update your notes after each lab change
- Bring your marked-up map to your next visit



3 Force Field Fact Sheet

Primer · Foundations



Who Gets CKD?

PRIMER

In the U.S., about **37 million adults have CKD. That is about 1 in 7.** And **about 9 in 10 do not know it.** Two causes drive more than 70% of cases. They are **type 2 diabetes** (about 38%) and **high blood pressure** (about 26%).

Other causes are **glomerular disease** (like IgA nephropathy, lupus nephritis, and FSGS). Also **polycystic kidney disease (PKD)**, which runs in families. And **blockage** from stones, the prostate, or tumors.

Add **long-term NSAID use** (common pain pills), **damage from scan dye (contrast)**, **long-lasting infections**, and some rare inherited kidney diseases. **Black/African American adults have a 3-4x higher risk** of reaching kidney failure than white Americans.

Two things drive this. One is **biology**: high-risk APOL1 gene changes are in about 13% of AA adults. This gene once guarded against African sleeping sickness.

But it can harm the kidneys when a person has two copies. The other is **social factors**: more HTN and T2D, less food and insurance access, later kidney-doctor referral, and less fair transplant access.

Hispanic and Native American adults also face higher risk. **Family history** doubles your risk. Risk goes up with age. About **34% of adults over 65 have some CKD.**

CONCEPTS · LEARN IT

- About 37 million U.S. adults have CKD; about 90% do not know
- T2D (about 38%) + HTN (about 26%) drive most CKD
- AA adults: 3-4x higher risk of reaching failure (APOL1 + SDOH)
- Hispanic and Native American risk also higher
- Family history doubles risk
- About 34% of adults >65 have some CKD

ACTIONS · THIS WEEK

- Ask close relatives about their kidney disease history
- If you are AA, ask your doctor about APOL1 testing (it is research-aware, not routine yet)
- If you have diabetes or high BP and no recent UACR, ask for one

SKILLS · LIVE IT

- Know your family's kidney history
- Know if you have T2D or HTN (the top causes)
- Know when APOL1 gene testing might make sense
- Ask about screening if you are at risk

PLAN · SHARE IT

- Talk with family about kidney disease history
- Get a yearly eGFR + UACR if you are at risk
- Add CKD to your family-history record



3 Force Field Fact Sheet

Primer · Foundations



The Numbers PRIMER

The U.S. CKD numbers are big and growing. But with modern care, the outlook numbers keep getting better. Here are the facts. **About 37 million U.S. adults have CKD. About 808,000 have end-stage kidney disease (ESRD)**, the last stage.

About 563,000 are on dialysis. About 245,000 live with a kidney transplant. The U.S. spends about **\$50 billion a year** on ESRD through Medicare alone. On dialysis, about **half of people are still alive after 5 years**.

That is like many cancers. A **kidney transplant roughly doubles how long you live** compared to dialysis. It also greatly improves daily life. Transplants from living donors do better than those from people who have died.

A pre-emptive transplant (getting one before you ever start dialysis) gives the best outcome. Here are the big wins of the 2020s. **SGLT2 inhibitors cut the risk of CKD getting worse by about 30-40%** in key trials (CREDENCE, DAPA-CKD, EMPA-KIDNEY).

This works with or without diabetes. **Finerenone** (in the FIDELIO-DKD and FIGARO-DKD trials) added about a 17% drop. That was on top of ACE/ARB + SGLT2i in diabetic CKD.

Numbers do not tell your own story. But they say one thing clearly: **act early and the path bends**.

CONCEPTS · LEARN IT

- About 37M adults with CKD, 808K ESRD, 563K on dialysis, 245K with transplant
- On dialysis, about half are alive at 5 years
- Transplant doubles how long you live vs dialysis
- Pre-emptive transplant = the best outcome
- SGLT2i cut worsening by about 30-40% (CREDENCE, DAPA-CKD, EMPA-KIDNEY)
- Finerenone adds about 17% drop in diabetic CKD

ACTIONS · THIS WEEK

- Build a one-page 'my numbers' card
- Plot your last 3-5 eGFR values and look at the trend
- Ask about an SGLT2i if you are not on one
- Ask for a transplant check-up early. Do not wait for GFR under 20

SKILLS · LIVE IT

- Say your eGFR + UACR + BP + A1c (if diabetic) from memory
- Know if you are on an SGLT2i and an ACE/ARB
- Watch your eGFR trend over years, not just one value
- Bring your numbers card to every visit

PLAN · SHARE IT

- Add a numbers log to your Health Passport
- Track eGFR + UACR + BP + A1c every visit
- Opt in to PHIT to count toward national outcomes



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



Recognize Symptom Patterns

LEARN IT · TIER 1 AWARE

Early CKD is silent. That is the most important fact about it. Most people with stage 1–3 CKD have **no symptoms at all**. The diagnosis comes from labs, not from how you feel.

As CKD moves to stage 4–5, symptoms show up. They can be subtle. They include **tiredness, swelling** (ankles, legs, or around the eyes, mostly in the morning), and **foamy urine** (a sign of protein).

Also **less urine, itching** (called uremic pruritus), and **poor appetite with a metal taste**. Add **nausea, brain fog, muscle cramps** (mostly at night), **restless legs**, and **shortness of breath** (from extra fluid, anemia, or acid).

Call your kidney team the same day for these: very high BP, sudden new swelling, less urine, symptoms after taking NSAIDs or getting scan dye, or signs of high potassium (cramping, weakness, or a racing heart).

Go to the ER for: chest pain, bad shortness of breath, confusion, or signs of very high potassium (heart flutter plus muscle weakness). Here is the pattern that matters most:

you can feel fine and still be getting worse. Trust the labs.

CONCEPTS · LEARN IT

- Early CKD is silent. Diagnosis comes from labs, not symptoms
- Late CKD: tiredness, swelling, foamy urine, itching, poor appetite, brain fog, cramps
- Same-day call: very high BP, sudden swelling, less urine, after NSAID/dye, high-K+ signs
- ER: chest pain, bad shortness of breath, confusion, severe high-potassium signs
- Feeling fine does not mean being fine in CKD

ACTIONS · THIS WEEK

- Print a symptom card for the fridge
- Save your kidney team + 911 in your phone favorites
- Tell family what to watch for
- Weigh yourself daily. Use the same scale at the same time

SKILLS · LIVE IT

- Say the symptoms of late CKD from memory
- Tell 'CKD tiredness' apart from other causes (anemia, low iron, sleep apnea)
- See foamy urine as a protein clue
- Use the 'call vs ER' rule

PLAN · SHARE IT

- This week: put the symptom card on the fridge
- This month: run a family drill on the rule
- Every quarter: review it with your team



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



Acute Kidney Injury (AKI) Triggers

LEARN IT · TIER 1 AWARE

People with CKD are **very easy to hurt with a sudden injury on top of the long-term disease**. Each AKI (sudden kidney injury) drops your baseline eGFR for good.

Know these top triggers cold. **NSAIDs** (ibuprofen, naproxen), even once, even 'just one', cut blood flow to the kidney. **IV contrast** (dye) for CT scans and angiograms.

Always tell every imaging team you have CKD. Drinking fluids before helps. The team may use a different scan or a low-osmolar dye. **Dehydration** from throwing up, diarrhea, hot weather, or fasting (including Ramadan or fasting before surgery).

Some antibiotics (gentamicin, vancomycin, or IV combos with contrast). **ACE/ARB while dehydrated**. These protect the kidney long-term, but they can harm it when you lose too much fluid fast.

Sick-day rules: when you cannot keep fluids down, hold ACE/ARB, SGLT2i, diuretics (water pills), metformin, and NSAIDs (always). Call the team early. **Surgery with anesthesia:**

tell every surgical team. **Bowel preps** for a colonoscopy: talk to your kidney doctor first. **Herbal and OTC supplements:** many can harm kidneys. Each AKI drops your baseline for good.

CONCEPTS · LEARN IT

- NSAIDs (any dose) raise AKI risk
- IV contrast (dye) → tell every imaging team
- Dehydration → the most common trigger
- Sick-day rules: hold ACE/ARB + SGLT2i + diuretic + metformin if vomiting, diarrhea, or can't keep fluids down
- Each AKI drops your baseline for good
- Bowel preps and herbal supplements: talk to your team first

ACTIONS · THIS WEEK

- Save the sick-day rule list on your phone lock screen
- Check the medicine cabinet. Remove or label NSAIDs
- Put a 'Tell the doctor: I have CKD' card in your wallet
- If a dye scan is ordered, call your kidney doctor before it

SKILLS · LIVE IT

- Say the sick-day medication-hold list from memory
- Read OTC labels for hidden NSAIDs (Advil, Aleve, Excedrin, Goody's, BC Powder, many cold combos)
- Tell every clinician (dentist, urgent care, ER) about your CKD before any drug or scan
- Drink fluids before any needed contrast (dye) scan

PLAN · SHARE IT

- This week: sick-day rule list on fridge + phone
- This month: check the medicine cabinet
- Every quarter: review it with your team



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



Know My Numbers

LEARN IT · TIER 1 AWARE

In CKD, these are the numbers worth knowing. **eGFR** (estimated glomerular filtration rate, in mL/min/1.73m²) shows how well you filter. It uses the race-free 2021 CKD-EPI equation.

UACR (urine albumin/creatinine ratio, in mg/g) shows how much protein leaks out. A1 is under 30 (normal), A2 is 30–300 (moderate), A3 is over 300 (severe).

BP should usually be under 130/80 in CKD. Aim lower if you leak a lot of protein. **A1c** if you have diabetes. The target is set for you. It is usually 7%, but may be 7.5–8% in late CKD or older adults.

Potassium should be 3.5–5.0 mEq/L. CKD often runs it high. This matters for dosing ACE/ARB, SGLT2i, and finerenone. **Phosphorus** rises in late CKD. **Bicarbonate** matters because acid buildup is common;

replacing it helps slow CKD. **Hemoglobin** matters because anemia is common in CKD; you may need iron or ESAs.

Parathyroid hormone rises early in CKD-MBD (kidney bone disease).

Also watch **vitamin D** and **calcium**. Bring a one-page 'my numbers' card to every visit. **Watch your trend.** One eGFR matters less than the slope over time. A drop of more than 5 mL/min per year is fast worsening.

CONCEPTS · LEARN IT

- eGFR (race-free 2021 CKD-EPI) — how well you filter
- UACR — protein leak; A1 <30, A2 30–300, A3 >300
- BP target usually under 130/80
- A1c is set for you; lower is not always better in late CKD
- K+, phos, bicarb, hgb, PTH, vit D, Ca matter as CKD grows
- Trend beats one value; a >5 mL/min/year drop is fast worsening

ACTIONS · THIS WEEK

- Get labs from your portal
- Build a numbers card
- Plot the eGFR trend on one sheet of paper
- Set a calendar reminder for next labs (usually every 3–6 months in CKD)

SKILLS · LIVE IT

- Say your eGFR, UACR, BP, A1c (if diabetic) from memory
- Plot your eGFR over the last 3–5 years
- Know the race-free equation gave AA patients a truer (often lower) eGFR. It fixed a system error
- Bring your numbers card to every visit

PLAN · SHARE IT

- This week: make your numbers card
- This month: talk numbers with your team
- Every quarter: re-check every metric and plot the trend



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



Lifestyle Force Field

LEARN IT · TIER 1 AWARE

In CKD, lifestyle is real medicine. It **boosts the power of your drugs**. Here are the big levers. **Control BP through food.** Eat DASH-style with sodium under 2300 mg/day.

Go lower if your BP is hard to control or you hold fluid. **Manage your weight.** Even a small loss helps BP, blood sugar, and protein leak. **Stay active.** Move most days as you are able.

Even walking helps. **Quit smoking.** Smoking speeds up CKD and heart problems. **Go easy on alcohol** (men: 2 drinks/day or less; women: 1 or less; less if CKD is advanced).

Avoid NSAIDs for life (see square 6). **Drink smart.** Aim for 2 L/day unless your team says otherwise. **Do NOT try to 'flush' your kidneys with extra water.** Studies show it does not help and may harm advanced CKD.

Sleep 7-9 hours. Sleep apnea is common and treatable. **Lower stress.** **Eat enough, not too much, protein.** About 0.8 g/kg/day is fine. Very high protein (some keto or body-builder diets) speeds up CKD.

Limit potassium and phosphorus only when your labs say to. Cutting them for no reason harms your food and your life. Seeing a kidney dietitian is gold.

CONCEPTS · LEARN IT

- DASH-style eating, sodium under 2300 mg/day
- Small weight loss helps BP, blood sugar, protein leak
- Quitting smoking slows everything down
- Avoid NSAIDs for life
- Drink smart, about 2 L/day; do not 'flush' your kidneys
- 0.8 g/kg/day protein is enough; very high protein harms
- Limit K+ / phos only when labs require

ACTIONS · THIS WEEK

- This week: ask for a kidney dietitian referral
- Track your sodium for 1 week
- Walk 20-30 min most days
- Set a quit-smoking date if you smoke
- Stop drinking sugary drinks

SKILLS · LIVE IT

- Read sodium labels and aim for under 2300 mg/day
- Walk daily as you are able
- Use a meal plan a kidney dietitian approves
- Quit smoking (Quitline 1-800-QUIT-NOW)
- Use 4-7-8 breathing for stress
- Sleep 7-9 hours a night

PLAN · SHARE IT

- Daily: DASH-style eating + movement
- Weekly: weigh in, log BP
- Every quarter: review with your team and adjust



3 Force Field Fact Sheet

Tier 2 · Live It · Active



Medications — The SGLT2 Revolution

LIVE IT · TIER 2 ACTIVE

CKD medicines now run on five tracks. **1. ACE inhibitors / ARBs** (lisinopril, ramipril, losartan, valsartan). These have been the base since the 1990s. They lower BP, cut protein leak, and slow CKD.

Use one, never both together. Watch potassium. **2. SGLT2 inhibitors** (empagliflozin, dapagliflozin, canagliflozin, ertugliflozin). This is the 2020s breakthrough.

They started as diabetes drugs. Now they are used for CKD **with or without diabetes**. Trials (CREDENCE, DAPA-CKD, EMPA-KIDNEY) showed about a 30–40% drop in CKD getting worse.

A small rise in creatinine in the first 2–4 weeks is expected and protective. **3. Finerenone** (Kerendia, a non-steroidal MRA). It adds about a 17% more drop in worsening in **diabetic** CKD, on top of ACE/ARB + SGLT2i.

4. Statins. These protect your heart. CKD itself counts as a heart risk. **5. Late-stage drugs.** These include phosphate binders (sevelamer, calcium acetate, lanthanum), ESAs (erythropoiesis-stimulating agents) for anemia, vitamin D forms, sodium bicarbonate for acid, and potassium binders (patiomer, sodium zirconium) when high K+ blocks RAAS drugs.

Taking your meds is everything. Renal-dose changes matter, so ask your pharmacist.

CONCEPTS · LEARN IT

- ACE/ARB: 1990s base, never both together
- SGLT2i: 2020s breakthrough; with or without diabetes; about 30–40% drop in worsening
- Finerenone: about 17% more in diabetic CKD, on top of ACE/ARB+SGLT2i
- Statins to protect the heart
- Late stage: phosphate binders, ESAs, vit D, bicarb, K+ binders
- Renal dose changes matter for nearly every drug

ACTIONS · THIS WEEK

- Set med reminders for your many pills
- Bring your full med list (with all OTCs) to every visit
- Ask about SGLT2i and finerenone at your next visit
- Apply for copay help (maker programs) if cost is a problem
- Use a pillbox or auto-refill

SKILLS · LIVE IT

- Name your CKD med stack and why you take each one
- Watch BP + K+ after starting or changing ACE/ARB or SGLT2i
- Ask 'is there an SGLT2i for me?' if you are not on one
- Use sick-day rules for ACE/ARB / SGLT2i / diuretics / metformin
- Know when to call about side effects

PLAN · SHARE IT

- This week: SGLT2i talk if you are not on one
- This month: sign up for copay help if needed
- This quarter: full med review with a kidney pharmacist if you can



3 Force Field Fact Sheet

Tier 2 · Live It · Active



Care Team Members

LIVE IT · TIER 2 ACTIVE

CKD care truly needs many specialists over a long arc. **Nephrology** (kidney doctors) anchors your kidney care. Refer early, ideally by stage G3b-G4. **Primary care** handles other conditions (HTN, T2D, heart, mood) and vaccines.

An **RN care manager** keeps things in sync between visits. A **renal dietitian** (kidney diet expert) is a must. CKD diet myths are everywhere, and each person is different.

Ask for a referral on day one. A **pharmacist** checks renal-dose changes for every drug and OTC. **Social work** handles transplant paperwork, dialysis planning, FMLA/ADA/SSDI, and rides.

Behavioral health helps with the depression and anxiety that often ride along with a long illness. An **NKF peer mentor** is someone who has lived this. A **vascular access surgeon** is needed if dialysis is near.

An AV fistula (a special access point) takes months to be ready, so plan early. The **transplant team** should start your check-up by GFR about 20 (or sooner if you are worsening fast).

Getting a transplant before dialysis (pre-emptive) is the best outcome. **Cardiology** helps if you have heart disease, since CKD itself is a heart risk. Your **family caregiver** is part of the team too.

CONCEPTS · LEARN IT

- Kidney doctor referral by G3b-G4
- PCP, RN care manager, kidney dietitian (a must), pharmacist
- Social work, behavioral health, NKF peer mentor
- Vascular access surgeon — plan dialysis access early
- Transplant team — start by GFR about 20 (or sooner)
- Family caregiver is central

ACTIONS · THIS WEEK

- Build your Care Team card
- Ask for a kidney dietitian referral if you have not
- Connect with NKF Peers (peers.kidney.org)
- Find a transplant center near you

SKILLS · LIVE IT

- List every team member with phone and email
- Use a 'who handles what' guide
- Book yearly primary care + dental + vaccine review
- Insist on an early kidney dietitian referral
- Ask for a transplant check-up referral early

PLAN · SHARE IT

- This month: finish your Care Team card
- This quarter: book any missing yearly check
- This year: keep team meetings joined up



3 Force Field Fact Sheet

Tier 2 · Live It · Active



Telemedicine & Tech

LIVE IT · TIER 2 ACTIVE · TECH

Tech now does real work in CKD care. Get a **validated home BP cuff** (upper-arm, not wrist; find the brand list at validatebp.org). Home averages predict outcomes better than office readings.

Get a **digital scale** for daily weight, which shows fluid status. Use a **BP-tracking app** (Omron Connect, Withings Health Mate, Apple Health, or MyFitnessPal).

Use **NKF resources**: Heart Your Kidneys, NKF Peers (peer mentoring), and MinuteMD. Use **MyChart** and health-system portals for labs, refills, messages, and MRI/CT reports.

Home dialysis tech includes PD cyclers (they run overnight while you sleep) and home hemodialysis machines, which are watched by telemetry. Use **pharmacy auto-refill** for your many pills.

Video visits work well with nephrology, the kidney dietitian, and behavioral health. Try **medication reminder apps** (Medisafe, Mango Health). **AI symptom triage** is new.

It can help, but it never replaces your team. **Continuous glucose monitors (CGMs)** change diabetes care for people with diabetic CKD.

CONCEPTS · LEARN IT

- Validated home BP cuff (upper-arm) — averages beat office readings
- Digital scale daily to check fluid status
- NKF Peers, Heart Your Kidneys, MinuteMD
- MyChart for labs + refills + messages
- Home dialysis tech: PD cyclers, home HD
- Auto-refill + reminder apps for your many pills
- CGMs help diabetic CKD

ACTIONS · THIS WEEK

- Buy or borrow a validated home BP cuff (validatebp.org)
- Sign up for MyChart and turn on lab alerts
- Try one routine visit as a video visit
- Set med reminders
- Think about a CGM if you have diabetes

SKILLS · LIVE IT

- Sign up for NKF Peers if it fits
- Run a video visit smoothly
- Send a clear portal message
- Use a validated home BP cuff and log results
- Turn on auto-refill at your pharmacy

PLAN · SHARE IT

- This week: start a home BP cuff routine
- This month: try a video visit
- This quarter: review your tech with your team



3 Force Field Fact Sheet

Tier 2 · Live It · Active



Insurance, Treatment Cost & Help

LIVE IT · TIER 2 ACTIVE

CKD care can cost a lot. But **almost no one pays the full list price** with the right paperwork. **SGLT2 inhibitors and finerenone** have maker copay programs (Boehringer Ingelheim's Jardiance, AstraZeneca's Farxiga, Janssen's Invokana, and Bayer's Kerendia).

These cover most people with commercial insurance. **NeedyMeds**, the **Patient Advocate Foundation**, and **RxAssist** list many help programs in one place. **NKF** runs the Kidney Cars car-donation program and gives direct money help.

Medicare covers ESRD **at any age** (this started in 1972). You qualify 90 days after starting in-center dialysis. You qualify right away for home dialysis or a transplant.

Medicaid rules differ by state. **FMLA** gives up to 12 weeks of job-protected unpaid leave per year, and it covers dialysis days. **ADA** covers schedule changes long-term.

SSDI is open to people with advanced CKD. The Compassionate Allowance program does not auto-add CKD, but it can work case by case. Hospital social workers and kidney care navigators are free.

They are the best paperwork help you can get.

CONCEPTS · LEARN IT

- SGLT2i + finerenone have maker copay programs
- NeedyMeds, Patient Advocate Foundation, RxAssist list help programs
- NKF Kidney Cars and direct money help
- Medicare covers ESRD at any age (since 1972)
- FMLA + ADA for work; SSDI for advanced disease
- Hospital social workers + kidney navigators are free and high-value

ACTIONS · THIS WEEK

- Print one EOB and learn what each line means
- Apply to the maker copay program for your SGLT2i / finerenone
- Save 3 copay-help links in your phone
- Talk to HR about FMLA and ADA
- Ask your kidney center for a navigator

SKILLS · LIVE IT

- Read an EOB and find the appeal address
- File a prior-auth appeal
- Apply for copay help / foundation grants
- Get FMLA paperwork from HR
- Apply for SSDI if you qualify

PLAN · SHARE IT

- This week: gather your last 3 EOBs
- This month: apply for at least one copay program
- Each year: re-check your FMLA / ADA paperwork



3 Force Field Fact Sheet

Tier 3 · Share It · Certified



Equity, Identity & the AA / APOL1 Story

SHARE IT · TIER 3 CERTIFIED

CKD is one of the clearest health gaps in U.S. medicine. **Black/African American adults are 3-4x more likely to reach kidney failure** than white Americans.

They make up about a third of dialysis patients, but only about 13% of the population. The story has two parts that twine together. The first is **biology**:

high-risk changes in the **APOL1** gene (the G1 and G2 forms). These are in about 13% of AA adults. They grew as protection against the *Trypanosoma brucei* parasite (African sleeping sickness).

But with two copies, they raise the risk of focal segmental glomerulosclerosis, HTN-linked kidney disease, and fast CKD worsening. The second is **social**:

more HTN and T2D driven by SDOH, less food and insurance access, later kidney-doctor referral, and unfair transplant access (longer wait lists, fewer referrals, fewer living donors).

The **2021 race-free CKD-EPI eGFR equation** removed a flawed 'race correction.' That old fix falsely raised AA patients' eGFR. It delayed referrals and transplant listing.

The new equation moves toward honest math. **Hispanic and Native American adults** also carry a higher CKD load, again from HTN/T2D and access. Here is the honest frame:

high risk plus high power to act. The medicines work for everyone.

CONCEPTS · LEARN IT

- AA adults: 3-4x higher kidney failure risk; about 1/3 of dialysis patients
- APOL1 high-risk changes in about 13% of AA adults — the biology factor
- SDOH, late referral, transplant access gaps — the social factors
- 2021 race-free CKD-EPI equation: a system fix
- Hispanic + Native American risk also higher
- High risk + high power to act — meds work for everyone

ACTIONS · THIS WEEK

- Save written notes after each visit
- Find a full transplant center near you
- Plan family talks in AA / Hispanic / Native families
- Bring up SGLT2i and a transplant check-up out loud

SKILLS · LIVE IT

- Ask if a clinical trial is open to you
- Ask for a second opinion at a full transplant center
- Write down anything odd from a visit
- Plan honest family talks about kidney testing

PLAN · SHARE IT

- This month: finish one CKD-equity training
- This quarter: write your story
- Long-term: become an Ambassador (Tier 3)



3 Force Field Fact Sheet

Tier 3 · Share It · Certified



Talk to Kids, Partner, Employer

SHARE IT · TIER 3 CERTIFIED

CKD shows up in family life, in your partnership, and at work. **Kids and adult children**, in AA / Hispanic / Native families, should ask their family doctor for an eGFR + UACR test by their 30s.

This is key if there is any family history of HTN, diabetes, or kidney disease. Say it plainly: 'It runs in the family. Catch it early; the meds work.' **Partner:** the **kidney donation talk** is one of the most important in the whole CKD arc.

Transplants from living donors do better than those from people who have died. And a pre-emptive transplant (before dialysis ever starts) gives the best outcome.

This talk deserves time, honesty, and zero pressure. **Employer:** the ADA covers CKD as a disability, whether or not you 'feel' disabled. **Dialysis** is a big time commitment.

In-center means 3 times a week for 4 hours. Home PD means nightly. Both can be worked around. **Transplant** recovery is 6–12 weeks of leave, then mostly back to normal.

Most people return to work after both. Reasonable changes at work are usually **cheap and high-value**. Think bathroom access, water, flex on dialysis days, transplant recovery leave, and time off for kidney and lab visits.

CONCEPTS · LEARN IT

- Kids/adult children: family eGFR + UACR test by their 30s if family history
- Partner: the kidney donation talk deserves time and honesty
- Living donation beats deceased donation beats dialysis
- Pre-emptive transplant = the best outcome
- ADA covers CKD; FMLA covers dialysis days
- Most work changes are cheap and high-value

ACTIONS · THIS WEEK

- This week: family talk about kidney testing
- This month: ADA work-change talk with HR
- This quarter: long-arc planning talk with your partner, including donation

SKILLS · LIVE IT

- Run a 5-minute family talk about kidney testing
- Run a long-arc planning talk with your partner, including donation
- Write up an ADA work-change request
- Use the AHRQ SHARE Approach with your team

PLAN · SHARE IT

- This month: name the work changes you need
- This quarter: finish one ADA request
- This year: make a long-arc family + partner plan



3 Force Field Fact Sheet

Tier 3 · Share It · Certified



Mentor & Share Insights

SHARE IT · TIER 3 CERTIFIED

You become your strongest self when you teach others. Picture a newly-diagnosed person. One hears: 'I'm 5 years post-transplant, I work, I travel, I'm here, and here's what I wish I'd known.' That person gets a very different start than one who only hears about dialysis or median stats.

NKF Peers (peers.kidney.org) is a national peer-mentoring program. Transplant centers pair living donors and recipients as mentors. The **FFH Network** links mentors and mentees across conditions.

You can co-present at kidney clinics, dialysis-center classes, and patient-advisory boards. After a great or rough visit, write a short letter to your team:

'what worked, what didn't, what we learned.' Your insight changes care for the people who come after you. **Honest framing matters more than cheerfulness.** The patient or family hearing your story needs accuracy, not a pep talk.

CKD is a long arc with many real choices.

CONCEPTS · LEARN IT

- Mentoring a newly-diagnosed person changes how they start
- NKF Peers, FFH Network, transplant-center mentor pairs
- Letters to clinicians are short, specific, and named
- Real stories beat general feedback
- Honest framing beats a pep talk

ACTIONS · THIS WEEK

- Sign up to mentor one newly-diagnosed person via NKF Peers
- Write one feedback letter this month
- Send your story to NKF / FFH
- Co-present a dialysis-unit or transplant-clinic class

SKILLS · LIVE IT

- Tell your story in 3 minutes
- Run a 30-min peer-mentor session
- Write a 'what worked / what didn't' letter under 200 words
- Co-teach with your team
- Set healthy mentoring limits

PLAN · SHARE IT

- This month: find one mentoring chance
- This quarter: give one talk
- This year: finish the Tier 3 Ambassador steps



3 Force Field Fact Sheet

Tier 3 · Share It · Certified



Join the ROI Study (PHIT)

SHARE IT · TIER 3 CERTIFIED · STUDY

PHIT stands for Population Health Impact Tracking. It is the FFH research engine. It asks one question: does the Prepared Patient program really improve outcomes for CKD groups? That means earlier SGLT2i + ACE/ARB starts, more pre-emptive transplant check-ups, fewer crash starts on dialysis, fewer NSAID-driven AKI events, and fairer access for AA / Hispanic / Native / rural people.

You can opt in to share grouped, de-identified outcomes. This includes CKD stage, eGFR + UACR trends, BP, A1c, med adherence, ER visits, admissions, transplant check-up steps, badge progress, and your own report of your quality of life.

Researchers, payers, and policymakers can then check if the program works. **No PHI is shared.** You can leave anytime. You will get plain-language summaries now and then.

CONCEPTS · LEARN IT

- PHIT = de-identified, grouped outcomes only
- Proven programs become reimbursable + scalable
- Your data + 1,000 others = a study others can publish
- Opt out anytime, full transparency
- The FFH ROI Engine pairs PHIT data with cost data

ACTIONS · THIS WEEK

- Opt in via the green box on this page
- Read your first quarterly summary
- Tell one peer about PHIT
- If a researcher contacts you, check with FFH first

SKILLS · LIVE IT

- Read a one-page consent
- Know what is and isn't PHI
- Set up a regular review of your own dashboard
- Withdraw or pause anytime

PLAN · SHARE IT

- Today: opt in if it feels right
- Each quarter: review your summary
- Each year: decide whether to continue

Additional Notes

☐ I've read the full Chronic Kidney Disease (CKD) Fact Sheet · Step 3


4 Prepared Patient Course

The complete course — three levels, applied to your life

The course takes you through the Fact Sheet in three levels — from newly-diagnosed to prepared — then shows how every part applies to you and the people around you.

Level 1 · Aware

Know the basics — what Chronic Kidney Disease (CKD) is, your numbers, your meds.

Level 2 · Active

Manage & do — self-monitor, act on red flags, work your plan.

Level 3 · Certified

Advocate & share — teach it, bring your team in, help others.

The Numbers

The U.S. CKD numbers are big and growing. But with modern care, the outlook numbers keep getting better. Here are the facts. **About 37 million U.S. adults have CKD. About 808,000 have end-stage kidney disease (ESRD),** the last stage.

About 563,000 are on dialysis. About 245,000 live with a kidney transplant. The U.S. spends about **\$50 billion a year** on ESRD through Medicare alone. On dialysis, about **half of people are still alive after 5 years.**

That is like many cancers. A **kidney transplant roughly doubles how long you live** compared to dialysis. It also greatly improves daily life. Transplants from living donors do better than those from people who have died.

A pre-emptive transplant (getting one before you ever start dialysis) gives the best outcome. Here are the big wins of the 2020s. **SGLT2 inhibitors cut the risk of CKD getting worse by about 30-40%** in key trials (CREDENCE, DAPA-CKD, EMPA-KIDNEY).

This works with or without diabetes. **Finerenone** (in the FIDELIO-DKD and FIGARO-DKD trials) added about a 17% drop. That was on top of ACE/ARB + SGLT2i in diabetic CKD.

Numbers do not tell your own story. But they say one thing clearly: **act early and the path bends.**

- About 37M adults with CKD, 808K ESRD, 563K on dialysis, 245K with transplant
- On dialysis, about half are alive at 5 years
- Transplant doubles how long you live vs dialysis
- Pre-emptive transplant = the best outcome
- SGLT2i cut worsening by about 30-40% (CREDENCE, DAPA-CKD, EMPA-KIDNEY)
- Finerenone adds about 17% drop in diabetic CKD

THE FULL COURSE — HOW EACH PART APPLIES TO YOUR LIFE

Every part of the Chronic Kidney Disease (CKD) Force Field lands differently depending on who you are. Here is the complete course — what each concept means for **you**, your **family**, the **workplace**, and **students** learning it.



4 Prepared Patient Course

The complete course — three levels, applied to your life

What Is CKD?

FOR YOU · THE PATIENT

This is your map. Read it once fast. Then come back one square at a time. Your shield gets stronger each step. You can change the path of CKD a lot when it is caught early.

EMPLOYERS & WORKPLACE

People with CKD are usually fully able to work. Most changes needed are small. Think bathroom access, water breaks, and flex time on dialysis days if needed.

FAMILY & CAREGIVERS

Your loved one may feel fine and brush this off. The numbers tell a story that symptoms do not show yet. Help them stay in the game.

STUDENTS & LEARNERS

Memorize: KDIGO heat map = G stage × A stage. The race-free 2021 CKD-EPI eGFR equation matters. Old equations missed CKD in AA patients.

360 Human Anatomy: Kidneys & Nephron

FOR YOU · THE PATIENT

Knowing how kidneys work makes it all click. It helps you get your symptoms, your meds, your diet, and why we watch what we watch.

EMPLOYERS & WORKPLACE

Knowing the basics helps. It helps when a worker talks about a drug dose worry, a scan worry, or dialysis timing.

FAMILY & CAREGIVERS

Use the 360 Human Anatomy together. It turns hard words into clear pictures.

STUDENTS & LEARNERS

Bookmark this for boards and bedside. The kidney's other jobs (EPO, vitamin D, BP) explain why CKD hits many body systems.

Who Gets CKD?

FOR YOU · THE PATIENT

You did not 'cause' your CKD. Genes, years of BP, years of blood sugar, and time all play a part. What you can do is slow it.

EMPLOYERS & WORKPLACE

CKD is one of the most common long-term illnesses in your workforce. Most cases go undiagnosed. Workplace BP and A1c checks pay off.

FAMILY & CAREGIVERS

Close relatives, in AA families, should get their own eGFR + UACR test. Gently help them ask.

STUDENTS & LEARNERS

Memorize: about 37M U.S. adults with CKD, 90% undiagnosed, T2D + HTN drive >70%, AA risk 3–4×. APOL1 high-risk changes in about 13% of AA adults.



4 Prepared Patient Course

The complete course — three levels, applied to your life

The Numbers

FOR YOU · THE PATIENT

Numbers help you plan. They do not predict your own story. You can change the path a lot now.

EMPLOYERS & WORKPLACE

CKD outcomes vary a lot. Do not lump people together. Most workers with CKD are fully productive for years.

FAMILY & CAREGIVERS

Help track the numbers. The trend matters more than one value. Taking SGLT2i on time is a big win.

STUDENTS & LEARNERS

Memorize: 37M / 808K / 563K / 245K. SGLT2i + ACE/ARB + finerenone = the modern triple-protection stack in diabetic CKD.

Recognize Symptom Patterns

FOR YOU · THE PATIENT

This square is high-value. Feeling fine does not mean you are fine. The labs are the truth.

EMPLOYERS & WORKPLACE

A teammate with new ankle swelling, tiredness, or shortness of breath should get a same-day call to their kidney team.

FAMILY & CAREGIVERS

You may notice swelling, energy, appetite, or sleep changes before the patient does. Trust what you see. Bring it to the team.

STUDENTS & LEARNERS

Uremia symptoms: fatigue, anorexia, nausea, pruritus, asterixis, pericarditis (late), encephalopathy (late). Memorize the pattern.

Acute Kidney Injury (AKI) Triggers

FOR YOU · THE PATIENT

Avoid NSAIDs for life. One pill will not kill you, but each dose matters. Acetaminophen is your over-the-counter choice for most aches.

EMPLOYERS & WORKPLACE

Wellness programs that hand out 'free ibuprofen' for headaches harm workers with CKD. Use acetaminophen instead.

FAMILY & CAREGIVERS

You are the NSAID-avoidance team. Check the medicine cabinet, urgent care, and the dentist. Know the brand names.

STUDENTS & LEARNERS

Memorize: pre-renal AKI = volume loss, NSAIDs, ACE/ARB during volume loss, contrast. Intrinsic = ATN, AIN. Post-renal = obstruction. CKD patients are vulnerable to all three.



4 Prepared Patient Course

The complete course — three levels, applied to your life



Know My Numbers

FOR YOU · THE PATIENT

The more numbers you know about your own kidneys, the more power you have in every talk.

EMPLOYERS & WORKPLACE

You do not need to know the lab markers. You need to know the patient does. Respect their choices about pace and support.

FAMILY & CAREGIVERS

Memorize the basics. eGFR, UACR, BP. Ask at every visit if they changed.

STUDENTS & LEARNERS

Memorize: race-free 2021 CKD-EPI equation. KDIGO heat map. UACR > 24-hour urine for routine practice. Cystatin-C as confirmatory in select cases.

Lifestyle Force Field

FOR YOU · THE PATIENT

You can slow CKD a lot with lifestyle alone. You can slow it even more by adding meds. It is boring, but it works.

EMPLOYERS & WORKPLACE

A workplace with DASH-style food, walking breaks, and quiet quit-smoking help is doing CKD prevention without naming it.

FAMILY & CAREGIVERS

Help build the daily habits. Cook together. Walk together. Track BP together. Kidney-friendly meals are a team sport.

STUDENTS & LEARNERS

Avoid the 'CKD diet' myth. The right plan is set for each person. Many CKD patients should NOT limit potassium or phosphorus. Go by labs, not folklore.

Medications — The SGLT2 Revolution

FOR YOU · THE PATIENT

Taking your meds is the #1 lever you control. The SGLT2 era truly changed CKD outlook. Make sure you are on one if you can be.

EMPLOYERS & WORKPLACE

Taking meds on time is a productivity story. Pharmacy plans that make SGLT2i cheap save money later.

FAMILY & CAREGIVERS

Help build the routine. Pillbox + auto-refill + calendar reminders work better than nagging.

STUDENTS & LEARNERS

Standard CKD med stack: ACE-or-ARB + SGLT2i ± finerenone (if diabetic) + statin. Memorize the trial names: CREDENCE, DAPA-CKD, EMPA-KIDNEY, FIDELIO-DKD, FIGARO-DKD.



4 Prepared Patient Course

The complete course — three levels, applied to your life



Care Team Members

FOR YOU · THE PATIENT

You do not need to know everything. You need to know who knows what, and to keep the team in sync.

EMPLOYERS & WORKPLACE

One named HR contact + one named patient contact = no chaos. Dialysis schedules are known weeks ahead.

FAMILY & CAREGIVERS

Help keep the Care Team card current. The patient should not be on hold during dialysis.

STUDENTS & LEARNERS

Become a CKD-fluent clinician. There aren't enough. We need primary care doctors confident with SGLT2i + finerenone, and more renal dietitians.

Telemedicine & Tech

FOR YOU · THE PATIENT

Tech is your force multiplier. Home BP averages predict outcomes; one office reading does not.

EMPLOYERS & WORKPLACE

A 30-min video visit during the workday beats a half-day in clinic. Allow it.

FAMILY & CAREGIVERS

Help set up the BP cuff and the daily-weight habit. Two minutes a day, big payoff.

STUDENTS & LEARNERS

validatebp.org is a real resource. Show patients today; build tools like it. Home BP averages over 7 days are diagnostic-grade.

Insurance, Treatment Cost & Help

FOR YOU · THE PATIENT

A few hours of paperwork can save you thousands of dollars. The SGLT2i copay program is often the biggest quick win.

EMPLOYERS & WORKPLACE

FMLA, ADA, and proactive HR support save money, keep talent, and cut risk.

FAMILY & CAREGIVERS

Take the lead on paperwork. The patient should not be on hold during dialysis.

STUDENTS & LEARNERS

Most clinicians don't teach this. Learn it, and you'll be the most useful person on the CKD team.

Equity, Identity & the AA / APOL1 Story

FOR YOU · THE PATIENT

You are not crazy. The system is uneven. Knowing the math protects you. APOL1 is biology, not destiny.

EMPLOYERS & WORKPLACE

Your AA / Hispanic / Native workers face higher CKD risk. Workplace BP and A1c checks, with caring navigation, pay off.

FAMILY & CAREGIVERS

Be the calm voice. Be the second witness. Bring up SGLT2i and a transplant check-up out loud.

STUDENTS & LEARNERS

Read the 2021 NKF-ASN Task Force eGFR statement. Understand the APOL1 biology, and don't mix up genes with race in clinical talk. Do better than your textbook.



4 Prepared Patient Course

The complete course — three levels, applied to your life

Talk to Kids, Partner, Employer

FOR YOU · THE PATIENT

The relationships you protect now are the ones that carry you through. Living donation can be a gift the donor also gains from giving.

EMPLOYERS & WORKPLACE

A teammate with CKD who feels supported stays longer, does better, and costs less. Flex on dialysis days is a small investment.

FAMILY & CAREGIVERS

Help carry the weight of these talks, but let the patient lead. The donation talk is sacred and slow.

STUDENTS & LEARNERS

Coach patients through these talks. They don't happen on their own. Living donation outcomes are excellent for both donor and recipient.

Mentor & Share Insights

FOR YOU · THE PATIENT

Teaching locks in what you know. It gives meaning to what you have been through.

EMPLOYERS & WORKPLACE

A teammate who teaches kidney literacy becomes an inside champion. Sponsor them.

FAMILY & CAREGIVERS

Caregiver-to-caregiver mentoring is just as strong as patient-to-patient. Donor-spouse-to-donor-spouse is rare and powerful.

STUDENTS & LEARNERS

Learning alongside people who have lived this is how you become a CKD-fluent clinician. Show up, listen first.

Join the ROI Study (PHIT)

FOR YOU · THE PATIENT

Joining is a quiet but real act of advocacy. It helps the program get paid for, scaled, and offered to people who can't afford it.

EMPLOYERS & WORKPLACE

Sponsoring a group of workers in PHIT shows your investment is working, and gives you data to back the spend.

FAMILY & CAREGIVERS

Care partners can opt in too. Caregiver load and outcomes are tracked as well.

STUDENTS & LEARNERS

This is participatory research done right. Study how PHIT was built, and build tools like it.

QUIZ YOURSELF — CAN YOU ANSWER THESE WITHOUT NOTES?

- ☐ What is Chronic Kidney Disease (CKD), in one plain sentence?
- ☐ What are my target numbers, and my personal baseline?
- ☐ What are my red flags — the signs that mean “call now”?
- ☐ What do I do first if those red flags happen?



4 Prepared Patient Course

The complete course — three levels, applied to your life

☐ What is each of my medicines for?

The one thing about Chronic Kidney Disease (CKD) I most want to remember

 Additional Notes

☐ I've completed Step 4 · Prepared Patient Course for Chronic Kidney Disease (CKD)



5 Materials & Tools

Your home kit — the tools that keep you prepared



Being prepared between visits takes a few simple tools. Set these up for Chronic Kidney Disease (CKD), and check them off as you go.

YOUR KIT

- ☐ **Health Passport** — meds, numbers, allergies & contacts on one page.
- ☐ **Your meters / devices** — whatever you use to track Chronic Kidney Disease (CKD) at home.
- ☐ **Your action plan** — green / yellow / red: what to do at each level.
- ☐ **Reminders** — a pillbox or phone alarm for medicines and refills.
- ☐ **A tracker** — one number or habit to watch over time.

THIS WEEK'S ACTIONS FOR CHRONIC KIDNEY DISEASE (CKD)

- ☐ Get copies of your last 3 eGFR + UACR results from the portal
- ☐ Save the NKF helpline 1-855-NKF-CARES (1-855-653-2273) in your phone
- ☐ Open your Force Field Emergency Card. Add your CKD stage and current meds
- ☐ Tell one family member you trust your stage and what it means
- ☐ Click into 360 Human Anatomy: Kidneys & Nephron
- ☐ Write your CKD cause in your Health Passport
- ☐ Bring your marked-up map to your next kidney doctor visit
- ☐ Ask close relatives about their kidney disease history
- ☐ If you are AA, ask your doctor about APOL1 testing (it is research-aware, not routine yet)
- ☐ If you have diabetes or high BP and no recent UACR, ask for one
- ☐ Build a one-page 'my numbers' card
- ☐ Plot your last 3-5 eGFR values and look at the trend

The one number or habit I'll keep an eye on



5 Materials & Tools

Your home kit — the tools that keep you prepared

Additional Notes

☐ I've completed Step 5 · Materials & Tools for Chronic Kidney Disease (CKD)





Skills Lab is where you **show** an educator (or a trusted person) the hands-on parts of managing Chronic Kidney Disease (CKD), in your own words. Practise and demonstrate these:

SKILLS TO DEMONSTRATE

- ☐ Say your G stage and A stage out loud
- ☐ Know how CKD differs from acute kidney injury (AKI), a sudden kidney harm
- ☐ Understand that 'silent' does not mean 'fine'
- ☐ Use the KDIGO heat map idea: filtering AND protein together
- ☐ Open the 360 Human Anatomy module
- ☐ Name the cause of YOUR CKD (HTN nephrosclerosis, diabetic nephropathy, glomerular, PKD, blockage)
- ☐ Guess which problem might show up at which stage
- ☐ Explain your symptoms using kidney parts
- ☐ Know your family's kidney history
- ☐ Know if you have T2D or HTN (the top causes)
- ☐ Know when APOL1 gene testing might make sense
- ☐ Ask about screening if you are at risk
- ☐ Say your eGFR + UACR + BP + A1c (if diabetic) from memory
- ☐ Know if you are on an SGLT2i and an ACE/ARB

TEACH IT BACK

The fastest way to know you've got it: explain Chronic Kidney Disease (CKD) in your own words — what it is, your main signs, what helps, and your red flags — with no notes.

My red flags for Chronic Kidney Disease (CKD) — the signs that mean “call now”



6

Skills Lab

Show you can do it — hands-on teach-back



Additional Notes

☐ I've completed Step 6 · Skills Lab for Chronic Kidney Disease (CKD)





THE FORCE FOR HEALTH® · PREPARED PATIENT

Prepared Patient Ambassador

This certifies that

has completed the Prepared Patient module for **Chronic Kidney Disease (CKD)** — knowing their condition, their numbers, their red flags, and how to speak up in their own care.

SKILLS-LAB EDUCATOR SIGN-OFF

DATE

Workbook completion certificate. The clinical Prepared Patient Ambassador credential is confirmed by your Skills-Lab educator or the certification exam.



SCAN TO VERIFY &
COMPLETE
CERTIFICATION

8 Disease Advocate

Optional — beyond yourself: help those who come after you



This optional step is a gift you give the next person. Turn what you learned about Chronic Kidney Disease (CKD) outward.

WAYS TO ADVOCATE & SHARE

- ☐ Read all 16 squares
- ☐ Open the deep course
- ☐ Book a kidney doctor visit if you have not yet. Do not wait for a late stage
- ☐ Visit the kidney module before each kidney doctor visit
- ☐ Update your notes after each lab change
- ☐ Bring your marked-up map to your next visit
- ☐ Talk with family about kidney disease history
- ☐ Get a yearly eGFR + UACR if you are at risk
- ☐ Add CKD to your family-history record
- ☐ Add a numbers log to your Health Passport
- ☐ Share your story and what helped you most.
- ☐ Complete a row of Advocate Bingo.
- ☐ Support someone newly diagnosed with Chronic Kidney Disease (CKD).

My feedback on this program (Coach Lucy & Dr. Rob read these)



8 Disease Advocate

Optional — beyond yourself: help those who come after you

Additional Notes

☐ I've completed Step 8 · Disease Advocate for Chronic Kidney Disease (CKD)

