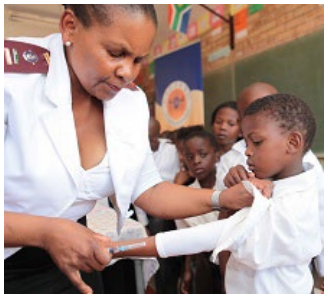
Chapter 8: Kidney and Urological disorders



NATIONAL DEPARTMENT OF HEALTH

AFFORDABLE MEDICINES DIRECTORATE
ESSENTIAL DRUGS PROGRAMME

PRIMARY HEALTHCARE STANDARD TREATMENT GUIDELINES AND ESSENTIAL MEDICINES LIST 2025-2029 REVIEW CYCLE

How to Use this Implementation Tool

This slide set highlights medicine amendments to this chapter of the PHC STGs & EML

THIS TOOL

- ✓ Highlights medicine amendments
- ✓ Use for quick implementation updates

STGs

- ✓ Remains the authoritative clinical guidance
- ✓ Always use the most recently published version

EVIDENCE

- ✓ Access the NEMLC report for detailed evidence (including rationale, references and costings) informing decision-making on medicine addition, amendments and deletions

ACCESS THE LATEST STGs & EML

PHC Chapter 8: Kidney & urological disorders

NHI webpage: https://www.health.gov.za/nhi-edp-stgs-eml/

Disclaimer

This slide set is an implementation tool and should be used alongside the most recently published STG available on the NHI Webpage as detailed above. This information does not supersede or replace the STG itself.

Medicine Amendments

SECTION 8.1 Chronic Kidney Disease

Medicine/ Management	Decision
Proteinuria screening, urine Protein Ratio (PCR) units used to quantify protein levels in cases of persistent proteinuria have been corrected to align with the thresholds outlined in the general measures section	EDITORIAL UPDATE **If urine dipstick 1+ or greater, repeat on a properly collected midstream urine specimen on another occasion. If proteinuria persists, quantify protein with a spot urine protein-creatinine ratio. Significant proteinuria = spot urine protein-creatinine ratio (PCR) of > 0.15 g/g or > 0.015 g/mmol. This is equivalent to 1 g per 24 hours.**

Medicine Amendments

SECTION 8.4 Urinary Tract Infection

Medicine/ Management	Decision
Amoxicillin/Clavulanic acid, Oral Suspension	AMENDED **Children:** 45 mg/kg/dose of amoxicillin component, 12 hourly (amoxicillin/clavulanic acid in a ratio of 14:1) for 7 days. ○ Maximum dose of amoxicillin component: 1.5 g 12 hourly. (See dosing table: Appendix IV)

Note: Refer to Appendix IV for the NEMLC approved weight-based dosing table

Medicine Amendments

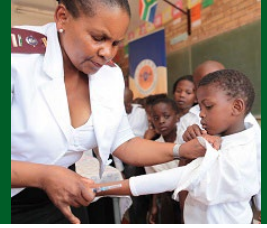
SECTION 8.4 Acute Pyelonephritis

Medicine/ Management	Decision
For adult patients with acute pyelonephritis awaiting referral, a single empiric dose of ceftriaxone 1 g IV has been added to the STG	ADDED **Adults** • Ceftriaxone, IM or IV, 1 g immediately as a single dose. ○ Ensure adequate hydration with intravenous fluids where indicated. ○ Include the dose, route and time of administration in the referral letter.
In children, the Ceftriaxone, IM, 80 mg/kg/dose recommended has been capped at a maximum dose of up to 1g (See dosing table: Appendix IV)	AMENDED Ceftriaxone, IM, 80 mg/kg/dose immediately as a single dose up to a maximum dose of 1g.

Medicine Amendments

SECTION 8.11 Renal calculi

Medicine/ Management	Decision
Morphine IM/IV, Adult dose amended to align with source chapter PHC Chapter 20 (Pain)	AMENDED Adults: Analgesia for pain, if needed: • Morphine, IM, 5–10 mg, (Doctor prescribed) ○ May be repeated after 4–6 hours if needed or until patient is referred. **OR** • Morphine, IV, (Doctor prescribed). ○ Dilute 10 mg up to 10 mL with sodium chloride, 0.9%. » Administer morphine, IV, 3–5 mg as a single dose, then further boluses of 1– 2 mg/minute and monitor closely. ○ Total maximum as a single dose: 10 mg. ○ Repeat after 4 hours if needed or until the patient is ○ referred. ○ Monitor response to pain and effects on respiration and BP.



THANK YOU

For any queries kindly email
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NHI Webpage
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