

CHRONIC KIDNEY DISEASE

INITIATIVE MANUAL



STUDENT NATIONAL PHARMACEUTICAL ASSOCIATION

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SNPhA Mission

SNPhA is an educational service association of pharmacy students who are concerned about pharmacy and healthcare related issues, and the poor minority representation in pharmacy and other health-related professions.

The purpose of SNPhA is to plan, organize, coordinate, and execute programs geared toward the improvement for the health, educational, and social environment of the community.

Chronic Kidney Disease Initiative Mission

In 2007 the Chronic Kidney Disease Initiative was started by a former SNPhA Regional Facilitator Cornetta Levi, Pharm. D. and Abbvie Medical Science Liaisons Nana Wiafe, Pharm. D. and Janinah Barreto, Pharm. D. The purpose of the initiative is to implement programs and projects to make people aware of the health disparities in chronic kidney disease and to utilize all resources to educate those at a higher risk about the prevalence, prevention, treatment, and management of the underlying causes of CKD.

Chronic Kidney Disease Initiative Chair Specific Duties

- Coordinating CKD Awareness events
- Monthly communicating with the CKD chapter representatives
- Providing chapters with the tools/information to start a CKD community project
- Providing the chapters with contact information/support
- Promoting World Kidney Day – March 9th
- Providing chapters with current National Kidney Foundation information
- Updating current CKD handbook as needed
- Keeping records/documentation of chapter participation
- Providing awards or incentives for participation
- Providing quarterly and annual Officer Reports
- Participating in monthly meetings/conference calls
- Other duties assigned by the National President

National Chronic Kidney Disease Initiative Chairs: Current/Past Officers

2018-2019

Danielle Eskens, PharmD Candidate 2020
East Tennessee State University - Bill Gatton College of Pharmacy

2017-2018



Elizabeth Ojo, PharmD Candidate 2018
University of Georgia College of Pharmacy

2016-2017

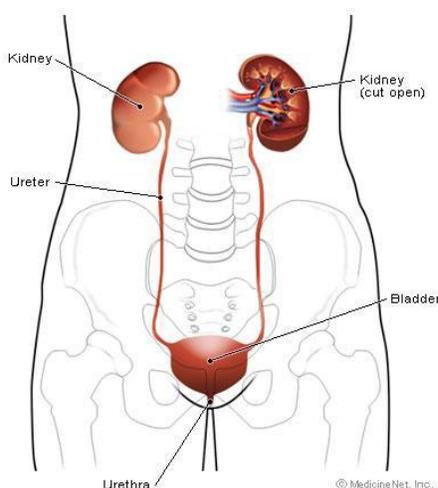
Grace Go, PharmD Candidate 2018
University of Illinois at Chicago College of Pharmacy

2015-2016

Adrian Lawrence, PharmD
Mercer University College of Pharmacy, 2016

Chronic Kidney Disease State Overview

Normal Kidneys and Their Function



The kidneys are a pair of bean-shaped organs that lie on either side of the spine in the lower middle of the back. Each kidney weighs about $\frac{1}{4}$ pound and contains approximately one million filtering units called nephrons. Each nephron is made of a glomerulus and a tubule. The glomerulus is a miniature filtering or sieving device while the tubule is a tiny tube like structure attached to the glomerulus.

The kidneys are connected to the urinary bladder by tubes called ureters. Urine is stored in the urinary bladder until urinating empties the bladder. The bladder is connected to the outside of the body by another tube-like structure called the urethra.

The main function of the kidneys is to remove waste products and excess water from the blood. The kidneys process about 200 liters of blood every day and produce about two liters of urine. The waste products are generated from normal metabolic processes including the breakdown of active tissues, ingested foods, and other substances. The kidneys allow consumption of a variety of foods, drugs, vitamins and supplements, additives, and excess fluids without worry that toxic by-products will build up to harmful levels. The kidney also plays a major role in regulating levels of various minerals such as calcium, sodium, and potassium in the blood.

As the first step in filtration, blood is delivered into the glomeruli by microscopic leaky blood vessels called capillaries. Here, blood is filtered of waste products and fluid while red blood cells, proteins, and large molecules are retained in the capillaries. In addition to wastes, some useful substances are also filtered out. The filtrate collects in a sac called Bowman's capsule and drains into the tubule.



The tubules are the next step in the filtration process. The tubules are lined with highly functional cells which process the filtrate, reabsorbing water and chemicals useful to the body while secreting some additional waste products into the tubule.

The kidneys also produce certain hormones that have important functions in the body, including the following:

- Activate form of vitamin D (calcitriol or 1,25 dihydroxy–vitamin D), which regulates absorption of calcium and phosphorus from foods, promoting formation of strong bone.
- Erythropoietin (EPO), which stimulates the bone marrow to produce red blood cells.
- Renin, which regulates blood volume and blood pressure.

Kidney Failure vs. Kidney Disease

Kidney Failure

- Kidney failure occurs when the kidneys partly or completely lose their ability to carry out normal functions.
- This is dangerous because water, waste, and toxic substances build up that normally are removed from the body by the kidneys.
- It also causes other problems such as anemia, high blood pressure, acidosis (excessive acidity of body fluids), disorders of cholesterol and fatty acids, and bone disease in the body by impairing hormone production by the kidneys.

Chronic Kidney Disease

Chronic kidney disease is when one suffers from gradual and usually permanent loss of kidney function over time. This happens gradually over time, usually months to years. Chronic kidney disease is divided into five stages of increasing severity (see Table 1 below). Stage 5 chronic kidney failure is also referred to as end–stage renal disease, wherein there is total or near–total loss of kidney function and patients need dialysis or transplantation to stay alive. The term "renal" refers to the kidney, so another name for kidney failure is "renal failure." Mild kidney disease is often called renal insufficiency. Unlike chronic kidney disease, acute kidney failure develops rapidly, over days or weeks.

- Acute kidney failure usually develops in response to a disorder that directly affects the kidney, its blood supply, or urine flow from it.
- Acute kidney failure usually does not cause permanent damage to the kidneys.
- With appropriate treatment of the underlying condition, it is often reversible, with complete recovery.
- In some cases, though, it may progress to chronic kidney disease.



Table 1. Stages of Chronic Kidney Disease (GFR)

GFR Categories in CKD		
Category	GFR ml/min/1.73 m ²	Terms
G1	≥90	Normal or high
G2	60-89	Mildly decreased
G3a	45-59	Mildly to moderately decreased
G3b	30-44	Moderately to severely decreased
G4	15-29	Severely decreased
G5	<15	Kidney Failure

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*GFR is glomerular filtration rate, a measurement of the kidney's function.

Table 2. Stages of Chronic Kidney Disease (Albuminuria)

Albuminuria Categories in CKD		
Category	Albumin Level	Terms
A1	<30 mg/g >3 mg/mmol	Normal to mildly increased
A2	30-300 mg/g 3-30 mg/mmol	Moderately increased
A3	>300 mg/g >30 mg/mmol	Severely Increased

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Chronic Kidney Disease Causes



Although chronic kidney disease sometimes results from primary diseases of the kidneys themselves, the major causes are diabetes and high blood pressure.

- Type 1 and type 2 diabetes mellitus cause a condition called diabetic nephropathy, which is the leading cause of kidney disease in the United States.
- High blood pressure (hypertension), if not controlled, can damage the kidneys over time.
- Glomerulonephritis is the inflammation and damage of the filtration system of the kidneys and can cause kidney failure. Postinfectious conditions and lupus are among the many causes of glomerulonephritis.
- Polycystic kidney disease is an example of a hereditary cause of chronic kidney disease wherein both kidneys have multiple cysts.
- Use of analgesics such as acetaminophen (Tylenol) and ibuprofen (Motrin, Advil) regularly over long durations of time can cause analgesic nephropathy, another cause of kidney disease. Certain other medications can also damage the kidneys.
- Clogging and hardening of the arteries (atherosclerosis) leading to the kidneys causes a condition called ischemic nephropathy, which is another cause of progressive kidney damage.
- Obstruction of the flow of urine by stones, an enlarged prostate, strictures (narrowings), or cancers may also cause kidney disease.
- Other causes of chronic kidney disease include HIV infection, sickle cell disease, heroin abuse, amyloidosis, kidney stones, chronic kidney infections, and certain cancers.

If you have any of the following conditions, you are at higher-than-normal risk of developing chronic renal disease. Your kidney functions may need to be monitored regularly.

- Diabetes mellitus type 1 or 2
- High blood pressure
- High cholesterol
- Heart disease
- Liver disease
- Kidney disease
- Amyloidosis
- Sickle cell disease
- Systemic Lupus erythematosus
- Vascular diseases such as arteritis, vasculitis, or fibromuscular dysplasia
- Vesicoureteral reflux (a urinary tract problem in which urine travels the wrong way)
- Problems of the joints or muscles that require regular use of anti-inflammatory medications
- Family history of kidney disease.

Chronic kidney disease is a growing health problem in the United States. A report by the Centers for Disease Control (CDC) determined that 16.8% of all adults above the age of 20 years have chronic kidney disease. Thus, one in six individuals have kidney disease, and over 400,000 patients are on dialysis or have received kidney transplants. About 67,000 people die each year because of kidney failure.

- The prevalence of chronic kidney disease has increased by 16% from the previous decade. The increasing incidence of diabetes mellitus, hypertension (high blood pressure), obesity, and an



aging population have led to this increase in kidney disease.

- Chronic kidney disease is more prevalent among individuals above 60 years of age (39.4%).
- Kidney disease is more common among Hispanic, African American, Asian or Pacific Islander, and Native American people.
 - ◆ Relative Risks Compared to Caucasian Patients:
 - African Americans 3.8 X
 - Native Americans 2.0 X
 - Asians 1.3 X

Chronic Kidney Disease Symptoms

The kidneys are remarkable in their ability to compensate for problems in their function. That is why chronic kidney disease may progress without symptoms for a long time until only very minimal kidney function is left.

Because the kidneys perform so many functions for the body, kidney disease can affect the body in a large number of different ways. Symptoms vary greatly. Several different body systems may be affected. Notably, most patients have no decrease in urine output even with very advanced chronic kidney disease.

- Fatigue and weakness (from anemia or accumulation of waste products in the body)
- Loss of appetite, nausea and vomiting
- Need to urinate frequently, especially at night
- Swelling of the legs and puffiness around the eyes (fluid retention)
- Itching, easy bruising, and pale skin (from anemia)
- Headaches, numbness in the feet or hands (peripheral neuropathy), disturbed sleep, altered mental status (encephalopathy from the accumulation of waste products or uremic poisons), and restless legs syndrome
- High blood pressure, chest pain due to pericarditis (inflammation around the heart)
- Shortness of breath from fluid in lungs
- Bleeding (poor anticoagulation)
- Bone pain and fractures
- Decreased sexual interest and erectile dysfunction

When to Seek Medical Care

Several signs and symptoms may suggest complications of chronic kidney disease.

Call your healthcare provider if you notice any of the following symptoms:

- Change in energy level or strength
- Increased water retention (puffiness or swelling) in the legs, eyes or elsewhere
- Shortness of breath or change from normal breathing
- Nausea or vomiting
- Lightheadedness
- Severe bone or joint pain
- Easy bruisability



If you have diabetes, high blood pressure, or kidney problems, see your healthcare provider right away if you know or suspect that you are pregnant.

See your health care provider as recommended for monitoring and treatment of chronic conditions such as diabetes, high blood pressure, and high cholesterol.

Some signs and symptoms represent the possibility of a severe complication of chronic kidney disease and warrant a visit to the nearest hospital emergency department:

- Change in level of consciousness – Extreme sleepiness or difficult to awaken
- Fainting
- Chest pain
- Difficulty breathing
- Severe nausea and vomiting
- Severe bleeding (from any source)
- Severe weakness

Exams and Tests

Chronic kidney disease usually causes no symptoms in its early stages. Only lab tests can detect any developing problems. Anyone at increased risk for chronic kidney disease should be routinely tested for development of this disease.

- Urine, blood, and imaging tests (x-rays) are used to detect kidney disease, as well as to follow its progress.
- These tests have limitations. They are often used together to develop a picture of the nature and extent of the kidney disease.
- In general, this testing can be performed on an outpatient basis.

Urine Tests

Urinalysis: Analysis of the urine affords enormous insight into the function of the kidneys. The first step in urinalysis is doing a dipstick test. The dipstick has reagents that check the urine for casts and crystals. Urine for the presence of various normal and abnormal constituents including protein. Then, the urine is examined under a microscope to look for red and white blood cells, and the presence of casts and crystals (solids).

Only minimal quantities of albumin (protein) are present in urine normally. A positive result on a dipstick test for protein is abnormal. More sensitive than a dipstick test for protein is a laboratory estimation of the urine albumin (protein) and creatinine in the urine. The ratio of albumin (protein) and creatinine in the urine provides a good estimate of albumin (protein) excretion per day.

Twenty Four–Hour Urine Tests: This test requires you to collect all of your urine for 24 consecutive hours. The urine may be analyzed for protein and waste products (urea nitrogen and creatinine). The



presence of protein in the urine indicates kidney damage. The amount of creatinine and urea excreted in the urine can be used to calculate the level of kidney function and the glomerular filtration rate (GFR).

Glomerular Filtration Rate (GFR): The GFR is a standard means of expressing overall kidney function. As kidney disease progresses, GFR falls. The normal GFR is about 100–140 mL/min in men and 85–115 mL/min in women. It decreases in most people with age. The GFR may be calculated from the amount of waste products in the 24-hour urine or by using special markers administered intravenously. Patients are divided into five stages of chronic kidney disease based on their GFR (see Table 1 above).

Blood Tests

Creatinine and Urea (BUN) in Blood: Blood urea nitrogen and serum creatinine are the most commonly used blood tests to screen for, and monitor renal disease. Creatinine is a breakdown product of normal muscle breakdown. Urea is the waste product of breakdown of protein. The level of these substances rises in the blood as kidney function worsens.

Estimated GFR (eGFR): The laboratory or your physician may calculate an estimated GFR using the information from your blood work. It is important to be aware of your estimated GFR and stage of chronic kidney disease. Your physician uses your stage of kidney disease to recommend additional testing and suggestions on management.

Electrolyte Levels and Acid–Base Balance: Kidney dysfunction causes imbalances in electrolytes, especially potassium, phosphorus, and calcium. High potassium (hyperkalemia) is a particular concern. The acid–base balance of the blood is usually disrupted as well.

Decreased production of the active form of vitamin D can cause low levels of calcium in the blood. Inability to excrete phosphorus by failing kidneys causes its levels in the blood to rise. Testicular or ovarian hormone levels may also be abnormal.

Blood Cell Counts: Because kidney disease disrupts blood cell production and shortens the survival of red cells, the red blood cell count and hemoglobin may be low (anemia). Some patients may also have iron deficiency due to blood loss in their gastrointestinal system. Other nutritional deficiencies may also impair the production of red cells.

Other Tests

Ultrasound: Ultrasound is often used in the diagnosis of kidney disease. An ultrasound is a noninvasive type of test. In general, kidneys are shrunken in size in chronic kidney disease, although they may be normal or even large in size in cases caused by adult polycystic kidney disease, diabetic nephropathy, and amyloidosis. Ultrasound may also be used to diagnose the presence of urinary obstruction, kidney stones and also to assess the blood flow into the kidneys.

Biopsy: A sample of the kidney tissue (biopsy) is sometimes required in cases in which the cause of the kidney disease is unclear. Usually, a biopsy can be collected with local anesthesia only by introducing a



needle through the skin into the kidney. This is usually done as an outpatient procedure, though some institutions may require an overnight hospital stay.

Chronic Kidney Disease Treatment

Self-Care (Home)

Chronic kidney disease is a disease that must be managed in close consultation with your healthcare provider. Self-treatment is not appropriate. There are, however, several important dietary rules you can follow to help slow the progression of your kidney disease and decrease the likelihood of complications. This is a complex process and must be individualized, generally with the help of your healthcare provider and a registered dietitian.

Protein Restriction: Decreasing protein intake may slow the progression of chronic kidney disease. A dietitian can help you determine the appropriate amount of protein for you.

Salt Restriction: Limit to 4–6 grams a day to avoid fluid retention and help control high blood pressure.

Fluid Intake: Excessive water intake does not help prevent kidney disease. In fact, your doctor may recommend restriction of water intake.

Potassium Restriction: This is necessary in advanced kidney disease because the kidneys are unable to remove potassium. High levels of potassium can cause abnormal heart rhythms. Examples of foods high in potassium include bananas, oranges, nuts, and potatoes.

Phosphorus Restriction: Decreasing phosphorus intake is recommended to protect bones. Eggs, beans, cola drinks, and dairy products are examples of foods high in phosphorus.

Other helpful measures include losing weight and stopping smoking.

In chronic kidney disease, several medications can be toxic to the kidneys and may need to be avoided or given in adjusted doses. Among over-the-counter medications, the following need to be avoided or used with caution:

- Certain analgesics, like aspirin; non-steroidal anti-inflammatory drugs (NSAIDs, such as ibuprofen)
- Fleets or phosphor-soda enemas because of their high content of phosphorus
- Laxatives and antacids containing magnesium and aluminum, like Mylanta
- Ulcer medication H₂-receptor antagonists – cimetidine (Tagamet), ranitidine (Zantac), (decreased dosage with kidney disease)
- Decongestants like pseudoephedrine (Sudafed) especially if you have high blood pressure
- Alka Seltzer, since this contains a lot of salt
- Herbal medications

If you have a condition such as diabetes, high blood pressure, or high cholesterol underlying your chronic kidney disease, take all medications as directed and see your healthcare provider as recommended for follow-up and monitoring.



Medical Treatment

There is no cure for chronic kidney disease. The four goals of therapy are as follows:

1. To slow the progression of disease
2. To treat underlying causes and contributing factors
3. To treat complications of disease
4. To replace lost kidney function

Strategies for slowing progression and treating conditions underlying chronic kidney disease include the following:

Blood Glucose Control: Maintaining good control of diabetes is critical. People with diabetes who do not control their blood glucose have a much higher risk of all complications of diabetes, including chronic kidney disease.

Blood Pressure Control: It is recommended to keep your blood pressure below 130/80 mm Hg if you have kidney disease. It is often useful to monitor blood pressure at home. Blood pressure medications known as angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB) have special benefit in protecting the kidneys.

Diet: Diet control is essential to slowing progression of chronic kidney disease and should be done in close consultation with your health care provider and a dietitian. For some general guidelines, see the Self-Care at Home section of this article.

Potential Complications

Fluid retention can be treated with any of a number of diuretic medications, which remove excess water from the body. However, these drugs are not suitable for all patients.

Anemia can be treated with erythropoiesis stimulating agents. Erythropoiesis stimulating agents are a group of drugs that replace the deficiency of erythropoietin, which is normally produced by healthy kidneys. Often, patients treated with such drugs require either to take iron by mouth or sometimes even intravenously.

Bone disease develops in patients due to an inability to excrete phosphorus and a failure to form activated Vitamin D. In such circumstances, your physician may prescribe drugs binding phosphorus in the gut, and may prescribe active forms of vitamin D.

Acidosis may cause breakdown of proteins, inflammation, and bone disease. If the acidosis is significant, your doctor may suggest sodium bicarbonate (baking soda) to correct the problem.

For more information, visit [eMedicine Health: Chronic Kidney Disease](#)

National Kidney Foundation KEEP

KEEP (Kidney Early Evaluation Program) is an early detection and early intervention program for people at increased risk of kidney disease. It is a free, one-day health screening that involves a comprehensive



process of registration, screening questionnaire, blood pressure and weight measurements, lab testing and physician interview. KEEP also includes a follow-up component for individuals whose test values are outside the normal range.

Goal of KEEP: To slow or eliminate the progression of serious kidney disease

Objectives of KEEP

- To identify individuals at increased risk for kidney disease due primarily to high blood pressure and diabetes via thorough health screenings
- To encourage patients to seek further evaluation from a physician and to take measures to improve their health.
- To empower individuals to take action to prevent or delay the onset of kidney disease or kidney failure
- To develop a physician referral network for individuals identified as being at increased risk for kidney disease, high blood pressure and diabetes.
- To provide appropriate follow-up for individuals who are identified as being at increased risk.

Contact your local National Kidney Foundation or Polycystic Kidney Foundation Chapter:

NKF: www.kidney.org

PKD: <http://pkdcure.org/connect/chapter-locations>

Chronic Kidney Disease Initiative Event Ideas

KEEP – Healthy Participation

- Check the local NKF website for screening dates
- Contact your local NKF (www.kidney.org) search by state or zip code
- Look up local events (<https://www.kidney.org/news/keephealthy/KEEPHealthyEvents>)
- Inform the NKF that you want to volunteer for the screening
- Inform NKF you are a pharmacy student organization and your purpose
- Inquire about the number of volunteers needed
- Ask what is expected (Most students are involved in end of screening counseling).
- Notify your school of your participation in the event
- THIS IS AN ALL DAY EVENT

Kidney Walk

The National Kidney Foundation's Kidney Walk is a non-competitive walk focusing on education and prevention of kidney and urinary tract diseases, and awareness of the need for organ donation. The Kidney Walk presents an occasion for dialysis patients, organ transplant recipients, donor families, living donors, the medical and business communities, and the general public to celebrate life and create lasting community advocacy and long-term support for the mission.

While raising funds for the National Kidney Foundation's programs and services, the Kidney Walk provides an opportunity for family, friends and colleagues to participate in an inspiring, community-based event. To participate in the NKF Kidney walk contact your local NKF at www.kidney.org



Host Your Own Kidney Walk

- Set up a walk path/notify your school if the Walk is on campus (Walk should be at 3+ miles)
- Fill out the proper paperwork for authorization for an event on your campus
- Pass out flyers or send email notices for the event (at 60, 30, 15, 7 days and 1 day before)
- Ask for donations as low as \$5.00
- Inquire about setting up a table in your Student Union or Pharmacy School Hall
- Have people sign their name and the donation given
- Have people sign up in teams
- Supply free or \$0.50 water for the event
- Get all organizations involved
- Have prizes or drawings available for participants

Polycystic Kidney Foundation Walk

The annual Walk for PKD is the signature fundraising and public awareness event for the PKD Foundation, and the largest gathering of PKD patients, family, friends and supporters; nearly 10,000 strong. The money raised helps provide education and support services, both online and in local communities, and helps towards research to find cure for PKD.

Participate in a PKD Walk contact the walk coordinator at <http://walkforpkd.org/>

Your Kidneys and You

Most people don't know anything about their kidneys and how important they are to their health, even the 26 million people who have kidney disease. If caught early, kidney disease can be slowed or even stopped. This initiative is designed to spread awareness about kidney disease in a short informative presentation.

- Visit the NKF website to learn more about the local events in your area (<https://www.kidney.org/yourkidneysandyou/ykayevents>)
- Sign up for the newsletter (<https://www.kidney.org/yourkidneysandyou>)
- Participate in Webinars sponsored by the National Kidney Foundation and SNPhA

Health Fair

Preparation for a health fair should start as early as possible. The best health fairs involve collaboration with other professional organizations such as the Student Nurses Association or the Student Medical Association. This helps there to be a variety of information at the fair. If there is already a health fair set up by another organization ask if you may get involved and set up an informational booth about CKD.

- Focus on publicity prior to event: Flyers and announcements in classes
- Contact your local radio and TV stations to provide a public announcement
- Get informational brochures by contacting your Abbott Representative (60 days in advance) or kidney initiative websites (Brochures may be downloaded or ordered for free. See page 18 of this guide or under initiative on www.snpha.org)

Student Pledge

Students can sign a form saying they pledge to exercise 30 minutes daily for at least 30 days or more, cut down on their soda and caffeine intake, drink more water and natural fruit juices, and many other things to KEEP their kidneys healthy.



World Kidney Day

Make someone aware of the impact that chronic kidney disease has made on health care and most important people's lives.

World Kidney Day: March 8th
Kidney Awareness Month: March

AST Challenge

SNPhA continues to collaborate with the American Society of Transplantation to spread awareness about kidney transplants. Throughout the year, students are encouraged to spread awareness through organ donation registries, health fair booths, and distribution of materials. The month of April is designated as the "Donate Life" month in which members are encouraged to participate in local and national events to spread awareness.

To participate, reach out to local organ procurement organizations to find out about local events and how you can help. Attend webinars sponsored by the AST/SNPhA. Students are encouraged to participate in the ODA Challenge to win recognition and monetary rewards for Best Overall and Best New Project. Visit the website to learn more about the mission and importance of organ donation! (<https://www.myast.org/>)

Suggestions & Past Events

- Partner with local bakery to create cupcake flavors for organ donations
- Set up a booth at a local health fair
- Participated in a news broadcast to spread awareness
- Attend local conventions and set up booth
- Create an ice cream flavor during the month of April to be sold at local grocery stores
- Online organ donation registry

Liaison Contact Information

If you can't get in contact with your local organ procurement liaison, please contact Barrett Crowther, PharmD, BCPS, FAST (barrett.crowther@uhs-sa.com) OR Jillian Fose (JFose@uwhealth.org)

Chauncey I. Cooper (CIC) Chapter Reporting Guidelines

Chapters can only receive recognition for Chauncey I. Cooper points by communication with National Headquarters, by submitting Chapter Bimonthly and Annual Reports on CIC 2.0 website. These electronic forms are used to award chapters the appropriate points for activities completed. Be sure to list and describe activities completed in detailed manner. A total of 300 points is rewarding for each accepted event that meets the general requirements.

General Requirements

- Reports must be submitted through CIC2.0 within 14 days of the event date.
- Minimum of 3 pictures OR a link to a video posted on social media submitted in the online form, along with 2 pictures.
- Chapters must respond to clarifications requested by respective initiative chairs within five (5)



business days.

- ◆ After the five (5) day window, if chapters are still within the 14-day time frame, clarification is still permissible
 - ◆ After that five (5) day window, if chapters are outside of the 14-day time frame, events are automatically denied
- When reporting the number of patients affected through the e-submission website, include the number of patients directly impacted by the chapter’s participation in the event, not simply the number of people in attendance at the event as these may not be the same in many instances.
- If questions, clarifications, or updates are required, please contact the respective initiative chair or the national recording secretary.

“Chronic Kidney Disease” Specific Requirements

- Must provide direct outreach to patients and/or healthcare providers or students.
- Must include *two* of the following to qualify as a CKD event:
 - ◆ Distribution of patient information related to CKD (i.e. CKD pamphlets, brochures, printouts). Must include a picture of the materials distributed in addition to the three pictures or videos required.
 - ◆ Questionnaire screening (screening for history, risk factors, past medical history) or blood pressure screening.
 - ◆ Medication review.
 - ◆ Seminar/lecture to membership or patients directly related to CKD.

Organ Donation Event

Requirements:

- Must provide direct patient outreach with minimum 2 SNPhA members present at event
- Must include at least 2 of the following to serve as an Organ Donation event:
 - ◆ Presentation or distribution of visual aids from credible sources such as organdonor.gov or transplants.org about the importance of organ donation and providing resources for people to register as organ donors.
 - ◆ Assist in executing a donor drive.
 - ◆ Participation in the American Society of Transplantation Challenge.
 - ◆ Include “Mythbusting Counseling and Visual aids” found at [Organ Donation Myths](#)

Myths	Facts
I’m too old to be a donor	There’s no age limit to organ donation



If they see I'm a donor at the hospital, they won't try as hard to save my life	When sick or injured and admitted to a hospital, the one and only priority is to save your life
My family won't be able to have an open casket funeral if I'm a donor	An open casket funeral is usually possible for organ, eye, and tissue donors
Somebody could take my organs and sell them	Federal law prohibits buying and selling organs in the U.S.
My family will have to pay for the donation	There is no cost to donors or their families for organ or tissue donation

Resources

Student National Pharmaceutical Association www.SNPhA.org

National Kidney Foundation: www.kidney.org

Polycystic Kidney Foundation: <https://pkdcure.org/>

American Kidney Fund <http://www.kidneyfund.org>

American Association of Kidney Patients www.aakp.org

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) www.niddk.nih.gov

American Diabetes Association <http://www.diabetes.org/home.jsp>

American Society of Transplantation <https://www.myast.org/education/specialty-resources/organ-donation-education-tools/organ-donation-education-material>

Free Brochures

American Association of Kidney Patients: <https://www.aakp.org/education/brochures.html>

American Kidney Fund: <http://www.kidneyfund.org/search.jsp?query=brochures>

Indian Health Service (IHS): <http://www.ihs.gov/medicalprograms/diabetes/index.asp>

Office of Minority Health Resource Center (OMH-RC): <http://www.minorityhealth.hhs.gov/>