MEDIBEATS
The Medical Bulletin

In Nephrology

1. The estimated glomerular filtration rate (eGFR) is now routinely reported when chemistry panels are ordered and can provide a useful estimate of renal function.
2. Angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) use should be evaluated for all diabetics, even those with normotension, for their renoprotective effects.
3. Diabetes is the most common cause of chronic kidney disease (CKD) in the United States, followed by hypertension.
4. When erythrocyte-stimulating agents are used for the treatment of anemia associated with CKD and end-stage renal disease, the hemoglobin level should not be normalized but maintained at 11–12 g/dL.
5. Almost 80% of patients with nephrolithiasis have calcium-containing stones.
6. Hyponatremia can commonly occur after transurethral resection of the prostate.
7. Thrombocytosis, leukocytosis, and specimen hemolysis can falsely elevate serum potassium levels.
8. Intravenous calcium should be given immediately for patients with acute hyperkalemia and elec-trocardiographic changes.
9. Hypoalbuminemia lowers the serum total calcium level but does not affect the ionized calcium.
10. Hypokalemia, hypophosphatemia, and hypomagnesemia are common findings in alcoholics who require hospitalization.

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