

S3:-

* normal GFR is $100-120 \text{ ml/min/1.73m}^2$

S5:-

* Albumin in urine indicates CKD BUT its level is not correlated with the stage of CKD

S6:-

* Prevalence is not important

S8:-

* Stage 3 is divided because starting from it the patient becomes symptomatic before it is hard to diagnose

S9:-

* if the patient was in stage 4 or 5 the GFR can't be corrected and you should start think of dialysis

S10:-

* Hb unlikely decrease in AKI (HUS is exception)

* Parathyroid hormone $\uparrow\uparrow\uparrow$ indicates CKD

S14:-

* FTT = failure to thrive

S17:-

* in stage 4 or after

S21:-

* left hand & wrist X-ray to detect rickets

S22:-

* white cell cystine for fanconi Syndrome

S27:-

* acedosis interferes with growth

S33:-

* ESRF is when GFR is $< 15 \text{ ml/min/1.73 m}^2$ (5th stage)

* dialysis between 15-10

S37:-

* principle is for us to know (only)

* all types of dialysis will never be like kidneys in function

S46:-

* Kidney transplantation is the preferred option