

Staging of Chronic Kidney Disease		
1	GFR $\geq$ 90/min	Other marker of kidney damage such as proteinuria, haematuria or structural abnormality
2	GFR 60-89ml/min	
3A	GFR 45-59ml/min	No other marker of kidney damage required
3B	GFR 30-44ml/min	
4	GFR 15-29ml/min	
5	GFR $\leq$ 15 ml/min	

# Renal Management and Referral Guidelines for Adults with Chronic Kidney Disease

**CKD STAGE 3**  
Abnormal eGFR 30-59ml/min

**CKD STAGE 4 & 5**  
Refer (urgently in stage 5)

For further advice see  
<http://www.nice.org.uk/Guidance/CG73>

**INITIAL ASSESSMENT OF CKD STAGE 3**

- History
- Ex CHF, hypovolaemia, sepsis, obstruction
- Medication review of nephrotoxic drugs. Eg: NSAIDs, ACEI, A2RB, lithium, metformin, digoxin
- BP and CVD assessment
- FBC, U&E, Cholesterol
- Urine dipstick for proteinuria and haematuria  
PCR or ACR (plain container)
- Renal US if lower urinary tract symptoms, or suspicion of obstruction, stones, malignancy, haematuria or family Hx of polycystic kidney disease

**NEW FINDING?**  
(Can calculate eGFR: <http://www.renal.org/eGFRcalc/GFR.pl>)

- If no previous result and clinically well, repeat test within 2/52
- If no previous results and clinically unwell, repeat in 3/7

- Well and no change in eGFR or <15%  
•Add to CKD register  
•See assessment & management pathways
- Unwell with deterioration in eGFR>25%
- eGFR fall >5ml/min in 12/12  
•eGFR fall >15% after ACEI/A2RB  
•Hg <11g/dL  
•K+ >6mmol/L  
•See assessment & management pathways

**CKD STAGE 3 MANAGEMENT PATHWAY**

- 6 monthly eGFR, U&E, Ca, Phosphate, FBC
- 12 monthly urine PCR or ACR if proteinuria, haematuria, glomerulonephritis or diabetes
- Target BP <130/80mmHg or <120/75mmHg if proteinuria
- ACEI/A2RB 1st line if proteinuria, CHF or diabetes
- CVD risk factor management  
Statins and Aspirin if 10yr risk of CV disease > 20%
- Influenza/pneumococcal vaccination
- Regular medication review to minimise nephrotoxic drug use.

- Multisystem disease, family Hx of renal disease
- Malignant HT
- URGENT
- PCR >100mg/mmol or ACR >70mg/mmol  
•Haematuria & PCR > 50mg/mmol or ACR >30mg/mmol
- K+ >7mmol/L
- PCR >100mg/mmol or ACR >70mg/mmol  
•Haematuria & PCR > 50mg/mmol or ACR >30mg/mmol  
•Microscopic haematuria or macroscopic haematuria (If > 50 yrs, refer to urology)

**REFERRAL TO NEPHROLOGY**

- Information required for referral**
- Current and previous renal function
  - PMHx and drug Hx
  - BP
  - Urine dipstick/PCR/ACR
  - FBC
  - Renal US if available

BP >150/90mmHg on >4 agents

URGENT

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