

# CKD FACTSHEET

CKD: Abnormalities of kidney function or structure (or both) present for a minimum of 3 months, with implications for health.

Common causes: diabetes, hypertension, cardiovascular disease, AKI

CKD is classified based on:

- Cause
- GFR
- Albuminuria



**KDIGO: Prognosis of CKD by GFR and albuminuria categories**

|     |                                  |       |  | Persistent albuminuria categories                                     |                             |                          |
|-----|----------------------------------|-------|--|---|-----------------------------|--------------------------|
|     |                                  |       |  | Description and range   |                             |                          |
|     |                                  |       |  | A1  | A2                          | A3                       |
|     |                                  |       |  | Normal to mildly increased  | Moderately increased        | Severely increased       |
|     |                                  |       |  | <30 mg/g<br><3 mg/mmol  | 30–300 mg/g<br>3–30 mg/mmol | >300 mg/g<br>>30 mg/mmol |
|     |                                  |       |  | GFR categories (ml/min/1.73 m <sup>2</sup> )<br>Description and range | G1                          | Normal or high           |
| G2  | Mildly decreased                 | 60–89 |  |   |                             |                          |
| G3a | Mildly to moderately decreased   | 45–59 |  |   |                             |                          |
| G3b | Moderately to severely decreased | 30–44 |  |   |                             |                          |
| G4  | Severely decreased               | 15–29 |  |   |                             |                          |
| G5  | Kidney failure                   | <15   |  |   |                             |                          |

Green: low risk (if no other markers of kidney disease, no CKD); Yellow: moderately increased risk; Orange: high risk; Red: very high risk. GFR, glomerular filtration rate.

## Steps to take with declining eGFR or urine ACR>3

1. If the patient has one of the above, check they have the other test! If these are initial deranged renal function tests, then organise repeat tests.
2. Code CKD based on the above staging table – EMIS enables updated coding - for example CKD G2A2.
3. Once coded consider likely causes and review medications.
4. Check blood pressure, HbA1C and ensure these two tests alongside eGFR and uACR are checked annually.
5. Refer to nephrology if required based on the NICE CKD guidelines.