ADULT BEST PRACTICE FLASH CARD

Chronic Kidney Disease

Intermountain® Healthcare

Reference Link

SCREENING and STAGING

SCREEN patients at risk for CKD annually

- **Basic metabolic panel (BMP)** for serum creatinine and eGFR
- **Urine Sample** for albumin-creatinine ratio

ASSESS need for testing & nephrology consult/referral*

RISK LEVEL

- Extremely High Risk (test 4 × /yr)
- Very High Risk (test 3 × /yr)
- High Risk (test 2 × /yr)
- Moderately Increased Risk (test 1 × /yr)
- Low or No Risk (test 1 × /yr IF CKD)

eGFR categories (mL/min/1.73 m²)				Persistent albuminuria categories		
				A1	**A2**	**A3**
				Normal to mildly increased	Moderately increased	Severely increased
				< 30 mcg/mg < 3 mg/mmol	30–300 mcg/mg 3–30 mg/mmol	> 300 mcg/mg > 30 mg/mmol
	G1	Normal or high	> 90		**Monitor**	**Refer**[1]
	G2	Mildly decreased	60–89		**Monitor**	**Refer**[1]
	G3a	Mildly to moderately decreased	45–59	**Monitor**	**Monitor**	**Refer**
	G3b	Moderately to severely decreased	30–44	**Monitor/ Refer**[1]	**Monitor/ Refer**[1]	**Refer**
	G4	Severely decreased	15–29	**Refer**	**Refer**	**Refer**
	G5	Kidney failure	< 15	**Refer**	**Refer**	**Refer**

[1] **Consider referral to nephrology service depending on local arrangements regarding monitoring or referring.**

*Adapted from recommendations for eGFR and albuminuria testing as well as monitoring and referral. Used with permission from Macmillan Publishers Ltd: Official *Journal of the International Society of Nephrology* (Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. KDIGO 2012 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. *Kidney inter.*, Suppl. 2013; 3: 1-150), copyright 2013.

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TREATMENT

RISK LEVEL	CKD MANAGEMENT FOCUS
Green	**PCP** — Educate and vaccinate
Yellow	**PCP —** **Manage major risk factors:** • Albuminuria (ACR): ACEI/ARB or equivalent • High BP: ACEI/ARB or equivalent • Dyslipidemia: Statins; lifestyle weight management/ therapeutic lifestyle changes • Diabetes: Appropriate treatments **Protect kidneys and veins:** • Avoid/limit nephrotoxins, especially NSAIDS • Preserve venous access; phlebotomy and IV in dominant arm • Manage diet and supplements (especially protein, sodium, potassium, phosphorus, calcium)
Orange ADD TO ABOVE	**PCP — Increase monitoring to twice a year; consider nephrology consult**
Red	**PCP & Nephrologist Comanagement —** **Consult with nephrologist regularly.** **Increase monitoring; treat aggressively.** **Monitor and manage these comorbidities:** • Metabolic acidosis: Sodium bicarbonate • Anemia: Oral iron; IV as a "fall back"; avoid ESAs if possible • Volume overload/edema: Adjust meds, reduce sodium; diuretics • Metabolic bone disease: Limit phosphorus; regulate calcium and vitamin D Educate patient for renal replacement therapy decisions (including preparing for dialysis)

ADD TO ABOVE