CKD GP Management Pathway Newly Detected? Assess patient (e.g. CCF, dehydrated, palpable bladder) Review medication for possible cause Urinalysis (dipstick) and BP Review old results and assess rate of decline No Yes Chronic Kidney Disease (abnormalities of kidney function Think AKI or structure present for more than 90 days with markers of kidney damage and/or those with eGFR <60 on at least 2 occasions separated by a period of **90** days) (Acute Kidney Injury Bundle) New? Yes No Management of Stable CKD 3 and 4 nent of Stable CKD) Management of isolated microscopic haematuria without proteinuria (Microscopic haematuria without proteinuria) Management of Stable Adult Polycystic kidney disease (Management of Adult Polycystic Kidney Disease) Management of Diabetic nephropathy (<u>Diabetic Renal Disease</u>) ACR categories (mg/mmol), description and range GFR and ACR categories and risk of adverse 3-30 Normal to mildly Moderately Severely increased increased increased A1 A2 A3 GFR categories [Amber ≥90 Normal and high Classification (G1A3, G2A3, (ml/min/1 73²) G1 description and range Persistent evidence [White Classification (G1A1, G2A1)] of ↓eGFR and/or 60-89 [Amber Mild reduction related to normal range for a evidence of kidney G2 damage (3 x readings) >90 days young adult [Amber 45-59 Classification (G1A3, G2A3, G3aA2, G3bA1)] Mild – moderate reduction [Amber Classification (G1A3, G2A3, G3aA2, G3bA1)] 30-44 Moderate – severe reduction G3b 15-29 G4 Severe reduction <15 G5 Kidney failure URGENT REFERRAL (CKD Referral Guidelines) sustained decrease in GFR > or = 25% and a Referral Criteria for CKD [CKD Referral Guidelines] GFR < 30 ml/min/1.73 m² with or without diabetes change in GFR category within 12 months or a sustained decrease in GFR of 15 ACR 70 mg/mmol or more, unless known to be caused by diabetes and already appropriately ml/min/1.73 m² per year CKD 5 treated ACR 30 mg/mmol (ACR category A3) or more, together with haematuria Hypertension that remains poorly controlled If Clinical concerns please contact: despite the use of at least 4 antihypertensive drugs at therapeutic doses On-Call team via RBFT switchboard (0118 322 5111) Known or suspected rare or genetic causes of 9-5 on-call Renal registrar Bleep 176 CKD Suspected renal artery stenosis Out of hours On-call Renal consultant

Feedback Contact. <u>berkshiredocuments@nhs.net</u> (Note, patient information is not to be sent to this address)