

Diagnosis of CKD and Approximate Monitoring Intervals

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Approved by:	Specialist Medicine Divisional Governance	
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Date of review: This is the most current version and should be used until a revised document is in place	31 st December 2022	

Key Amendment

Date	Amendment	Approved by
February 2021	Documents extended for 6 months as per trust agreement	Trust Agreement
December 2021	Document extended for 6 months to allow for thorough review.	Specialist Medicine Governance
17 th March 2022	Renal documents extended until the end of the year, approved by Dr Trevelyan.	Dr Trevelyan

	e GFR ≥ 90 (G1)	e GFR 60-89 (G2)	e GFR 45-59 (G3a)	e GFR 30-44 (G3b)	e GFR 15-29 (G4)	e GFR <15 (G5)
u ACR <3 (A1)	No CKD* (Annual)	No CKD* (Annual)	Uncertain ** Annual	CKD G3bA1 6 Monthly	CKD G4A1 6 Monthly	CKD G5A1 3 Monthly
u ACR 3-30*** (A2)	CKD G1A2 Annual	CKD G2A2 Annual	CKD G3aA2 Annual	CKD G3bA2 6 Monthly	CKD G4A2 4-6 Monthly	CKD G5A2 1-3 Monthly
u ACR >30 (A3)	CKD G1A3 6 Monthly	CKD G2A3 6 Monthly	CKD G3aA3 4-6 Monthly	CKD G3bA3 3 Monthly	CKD G4A3 1-3 Monthly	CKD G5A3 Monthly

(*) no CKD, unless additional markers of renal disease (for instance known as APKD, known renal damage on imaging, persistent haematuria not due to urological issue). (**) may be normal in older people – monitor e GFR annually for 3 years; (***) repeat second ACR as early morning urine just after getting up, to exclude orthostatic proteinuria. Red highlight: high risk of progression to endstage kidney disease, cardiovascular events, death.

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