Know the criteria for CKD
- Abnormalities of kidney structure or function, present for >3 months, with implications for health
- Either of the following must be present for >3 months:
  - Markers of kidney damage (one or more)
  - eGFR <60 ml/min/1.73 m²

Screen for CKD with two simple tests.
- “Spot” urine for albumin-to-creatinine ratio (uACR) to detect albuminuria
- Serum creatinine to estimate glomerular filtration rate (eGFR)

What if CKD is detected?
- Classify CKD based on cause, GFR category, and albuminuria category
- Implement a clinical action plan based on patient’s CKD classification (See flip side)
  - Consider co-management with a nephrologist if the clinical action plan cannot be carried out
  - Refer to a nephrologist when eGFR <30 ml/min/1.73 m² or uACR >300 mg/g
- Learn more at kidney.org/professionals

Why should you classify CKD?
- To have a more precise picture of each patient’s condition
- To guide decisions for testing and treatment
- To evaluate patient’s risk of progression and complications
- Because neither the category of GFR nor the category of albuminuria alone can fully capture prognosis of CKD

How do you classify CKD?
- Identify cause of CKD*
- Assign GFR category
- Assign albuminuria category
*Cause of CKD is classified based on presence or absence of systemic disease and the location within the kidney of observed or presumed pathologic-anatomic findings.

### GFR categories in CKD

<table>
<thead>
<tr>
<th>Category</th>
<th>GFR (ml/min/1.73 m²)</th>
<th>Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>G1 †</td>
<td>≥90</td>
<td>Normal or high</td>
</tr>
<tr>
<td>G2 †</td>
<td>60-89</td>
<td>Mildly decreased*</td>
</tr>
<tr>
<td>G3a</td>
<td>45-59</td>
<td>Mildly to moderately decreased</td>
</tr>
<tr>
<td>G3b</td>
<td>30-44</td>
<td>Moderately to severely decreased</td>
</tr>
<tr>
<td>G4</td>
<td>15-29</td>
<td>Severely decreased</td>
</tr>
<tr>
<td>G5</td>
<td>&lt;15</td>
<td>Kidney failure</td>
</tr>
</tbody>
</table>

*Relative to young adult level.
† In the absence of evidence of kidney damage, neither GFR category G1 nor G2 fulfill the criteria for CKD.

### Albuminuria categories in CKD

<table>
<thead>
<tr>
<th>Category</th>
<th>uACR (mg/g)</th>
<th>Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>&lt;30</td>
<td>Normal to mildly increased</td>
</tr>
<tr>
<td>A2</td>
<td>30–299</td>
<td>Moderately increased*</td>
</tr>
<tr>
<td>A3</td>
<td>≥300</td>
<td>Severely increased†</td>
</tr>
</tbody>
</table>

*Relative to young adult level.
†Including nephrotic syndrome (uACR >2220 mg/g) uACR >30 for >3 months indicates CKD.

### Abbreviations

- 25-OH Vitamin D, 25-hydroxy vitamin D, A Stage, albuminuria category
- ACE-I, angiotensin-converting-enzyme inhibitor
- AKI, acute kidney injury
- ARB, angiotensin receptor blocker
- ASCVD, atherosclerotic cardiovascular disease
- BMD, bone mineral density
- BP, blood pressure
- CCB, calcium-channel blocker
- CKD, chronic kidney disease
- CGM, continuous glucose monitoring
- CKD-MBD, chronic kidney disease mineral and bone disorder
- COVID-19, coronavirus disease 2019
- CVD, cardiovascular disease
- DM, diabetes mellitus
- DOAC, direct-acting oral anticoagulant
- DRI, direct renin inhibitor
- eGFR, estimated glomerular filtration rate
- ESA, erythropoietin-stimulating agent
- FDA, Food & Drug Administration
- G Stage, GFR category
- GLP1 RA, glucagon-like peptide 1 receptor agonist
- Hb, hemoglobin
- HTN, hypertension
- iPTH, intact-parathyroid hormone
- NS-MRA, non-steroidal mineralocorticoid receptor antagonist
- NSAIDs, nonsteroidal anti-inflammatory drugs
- PICC, peripherally inserted central catheter
- PT/INR, prothrombin time/international normalized ratio
- SBP, systolic blood pressure
- SGLT-2i, sodium-glucose cotransporter-2 inhibitor
- T2DM, type 2 diabetes mellitus
- uACR, urine albumin-to-creatinine ratio

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