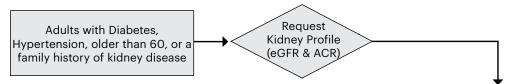
Risk of Chronic Kidney Disease Progression and Frequency of Assessment

(according to estimated glomerular filtration rate (eGFR) and albumin-creatinine ratio (ACR))



				Albuminuria categories Description and range		
CKD is classified on the basis of: Cause (C) GFR (G) Albuminuria (A)				A1	A2	A3
				Normal to mildly increased	Moderately increased	Severely increased
				<30 mg/g <3 mg/mmol	30-299 mg/g 3-29 mg/mmol	≥300 mg/g ≥30 mg/mmol
GFR categories (mL/min/1.73m²) Description and range	G1	Normal or high	≥90	1	1	2
	G2	Mildly decreased	60-89	1	1	2
	G3a	Mildly to moderately decreased	45-59	1	2	3
	G3b	Moderately to severely decreased	30-44	2	3	3
	G4	Severely decreased	15-29	3	3	4+
	G5	Kidney failure	<15	4+	4+	4+

The GFR and albuminuria grid depicts the risk of progression, morbidity, and mortality by color, from best to worst (green, yellow, orange, red, deep red).

The numbers in the boxes are a guide to the frequency of assessment annually.

- Green: annual assessment for those at risk. (Green can reflect CKD with normal eGFR and albumin-to-creatinine ratio (ACR) only in the presence of other markers of kidney damage, such as imaging showing polycystic kidney disease or kidney biopsy abnormalities)
- Yellow: suggests assessment at least once per year;
- Orange: suggests assessment twice per year;
- Red: suggests assessment three times annually;
- Deep red: suggests assessment four times each year.

These are general parameters only, based on expert opinion and must take into account underlying comorbid conditions and disease state, as well as the likelihood of impacting a change in management for any individual patient.

Vassalotti JA, Centor R, Turner BJ, Greer RC, Choi M, Sequist TD; National Kidney Foundation Kidney Disease Outcomes Quality Initiative. Practical Approach to Detection and Management of Chronic Kidney Disease for the Primary Care Clinician. Am J Med. 2016 Feb;129(2):153-162.e7.