CKD checklist for primary care providers.

CHRONIC KIDNEY DISEASE CHECKLIST FOR PCPs

- CKD stage 1-4 defined as 1. two consecutive eGFRs between 15 and 60 separated by at least 90 days or 2. evidence of kidney damage as determined by urine markers of kidney damage, specifically proteinuria (urine protein dipstick ≥1 + or greater, spot urine albumin-creatinine ratio >200mg/g) measured on two consecutive dates separated by at least 90 days with or without decreased GFR

SLOWING PROGRESSION

- BP <140/90
- HbA1c <7% in diabetic patients within 6 months
- Annual screen for proteinuria with spot urine microalbumin/creatinine
- On ACE-I or ARB* if diabetes or microalbumin/creatinine >30 mg/g
- Smoking cessation discussion
- Discuss avoiding NSAIDs/nephrotoxins
- LDL <100 within last year
- 5-year Pneumovax
- Yearly Influenza vaccine

TREATING COMPLICATIONS

- CBC, iron studies within last year
- Calcium, Phosphate, Parathyroid hormone (if GFR<60 check every 6 months, if GFR<30 check every 3 months)

REFERRAL TO NEPHROLOGY GUIDELINES

- GFR <30
- Persistent proteinuria despite ACE-I use
- Persistent hyperkalemia
- Resistant hypertension
- GFR decrease >30% in 4 months without explanation
- Unclear etiology of CKD
- Anemia requiring erythropoetin stimulating agents
- Elevated Phosphate, Parathyroid hormone

Abbreviations: BP, blood pressure; HbA1c, hemoglobin A1c; ACE-I, angiotensin converting enzyme-inhibitor; ARB, angiotensin receptor blocker; NSAID, Nonsteroidal anti-inflammatory drugs; LDL, Low-density lipoprotein; CBC, Complete blood count; GFR, Glomerular filtration rate

Mallika L. Mendu et al. CJASN 2014;9:1526-1535