

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 \leq 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 erythropoietin 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

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