



GENERAL INSTRUCTIONS:

- **Ask** your healthcare team about your goal for each item. Write it in the “Goal” column. **Record** the date(s) you are tested and the results. If your numbers are not on goal, ask your healthcare provider how you can improve them. See “Understanding Your Numbers” for information about each test.

KNOW YOUR NUMBERS (STAGES 1-4 CKD)

	GOAL	RECORD YOUR RESULTS							
DATE OF TEST									
A1C (Blood Glucose)									
Blood Pressure									
Calcium									
Total Cholesterol									
HDL Cholesterol									
LDL Cholesterol									
Triglycerides									
Creatinine Clearance									
GFR									
Hemoglobin									
Parathyroid Hormone (PTH)									
Phosphorus									
Potassium									
Serum Creatinine									
Serum Ferritin									
TSAT									
Urine Albumin (ACR)									
Vitamin D									
Weight									



UNDERSTANDING YOUR NUMBERS

The following tests may be used to check your nutrition and general health. Ask your healthcare team which tests you will have and how often they will be done. If your numbers are not in the normal range, ask how to improve them.

A1C:

This is a simple blood test that is used to diagnose diabetes and then to see how well you are managing your diabetes. It tells you what your average blood sugar level is for the past two to three months.

BLOOD GLUCOSE:

If you have diabetes, keeping your blood glucose (blood sugar) level well controlled is important. Good control helps keep chronic kidney disease and other problems from getting worse. There are two ways to monitor your blood glucose. The first is with a blood glucose meter. This is a simple test that you do yourself usually several times a day. It tells you what your blood sugar is at any moment in the day. The other way is with an A1C test.

BLOOD PRESSURE:

Blood pressure measures the force of your blood pushing against the walls of your blood vessels. High blood pressure happens when the pressure increases enough to cause damage. It is important to monitor your blood pressure because it increases your risk for heart and blood vessel disease.

CALCIUM:

Calcium is a mineral in the blood that is important for strong bones and teeth. People with kidney disease often develop bone and mineral disorder due to abnormal calcium levels. Testing your calcium level helps your healthcare provider evaluate whether you have mineral or bone disorder and need treatment for it.

CHOLESTEROL:

Total Cholesterol

Cholesterol is a fat-like substance in your blood. A high cholesterol level may increase your risk of having heart and circulation problems. However, a cholesterol level that is too low may mean you are not eating well enough to stay healthy.

HDL Cholesterol

HDL cholesterol is a type of “good” cholesterol that protects your heart.

LDL Cholesterol

LDL cholesterol is a type of “bad” cholesterol. A high LDL level may increase your chance of having heart and circulation problems. If your LDL level is too high, your doctor may recommend changing your diet and increasing your activity level.

Triglyceride

Triglycerides are another type of fat found in your blood. A high triglyceride level, along with high levels of total and LDL cholesterol, may increase your chance of having heart and circulation problems.

CREATININE CLEARANCE:

Your creatinine clearance is another test that tells your doctor how much kidney function you have. It is done using a sample of your urine. If your creatinine clearance falls below 15, you will need to have a treatment for kidney failure like dialysis or a kidney transplant.

GFR (GLOMERULAR FILTRATION RATE):

Your GFR is a measure of kidney function that can be estimated from a simple blood test. If your GFR falls below 30, your healthcare professional will speak to you about treatments for kidney failure. A GFR below 15 indicates that you need to start one of these treatments.

HEMOGLOBIN:

Hemoglobin is the part of red blood cells that carries oxygen from your lungs to all the tissues in your body. If your hemoglobin is too low, you have anemia. Anemia can make you feel tired and have little energy. Testing your hemoglobin levels is important because it helps your healthcare provider know whether you have anemia and need treatment for it. It also helps show how well your anemia treatment is working. If you have anemia due to kidney disease, you may need to take a medicine called erythropoiesis stimulating agent (ESA) along with extra iron.



IRON:

TSAT and Serum Ferritin: Your TSAT and serum ferritin are measures of iron in your body. Iron helps your body make red blood cells. You may need extra iron if you have anemia.

PARATHYROID HORMONE (PTH):

Your PTH level gives information about your mineral and bone health status. A high level of PTH may result from a poor balance of calcium and phosphorus in your blood. This can cause mineral and bone disorder. Having your PTH tested regularly is important because it helps determine whether you need treatment for bone and mineral disorder.

PHOSPHORUS:

Phosphorus is a mineral in the blood that is essential to keep cells and bones healthy. Kidneys keep the blood phosphorus level in balance. A high phosphorus level can lead to weak bones. People with kidney disease need to have their phosphorus levels monitored so imbalances can be treated early.

POTASSIUM:

Potassium is a mineral in the blood that helps your heart and muscles work properly. Healthy kidneys get rid of extra potassium in your blood. People with kidney disease should ask their healthcare provider if they need to eat foods low in potassium. A potassium level that is too high (hyperkalemia) or too low (hypokalemia) can be harmful and should be treated to bring the level to normal range.

SERUM CREATININE:

Creatinine is a waste product in your blood that comes from the normal work of your muscles. Healthy kidneys remove creatinine from your blood, but when kidney function slows down, your creatinine level rises. Your creatinine level is used to measure kidney function. The results of your serum creatinine are used to estimate your glomerular filtration rate (GFR).

URINE ALBUMIN (ACR):

Albumin is a type of protein made from the food you eat each day. Albumin should not be excreted in the urine. Having albumin in the urine is an abnormal finding. Having albumin in the urine for 3 months or more is kidney disease. Urine albumin can be measured in several ways. Two commonly used tests are:

- **Albumin-to-Creatinine Ratio (ACR):** This test compares the amount of albumin to the amount of creatinine in a single urine sample. When kidneys are healthy, the urine will contain large amounts of creatinine but almost no albumin. Even a small increase in the ratio of albumin to creatinine for 3 months or more is a sign of kidney damage.
- **Albumin-specific dipstick:** This test detects albumin in a single urine sample. Results can be positive or negative. A positive result indicates albumin and is abnormal. People with a positive dipstick result should have the ACR test.

VITAMIN D:

Your body needs vitamin D so it can absorb calcium from food and have it go into your bones. Your kidneys help with this. They take the vitamin D that you get from sunlight and food, and turn it into an “active” form that your body can use. When your kidneys aren’t working well, they may not make enough active vitamin D to keep your bones healthy and strong.

WEIGHT:

Maintaining a healthy weight is important to your overall health. A sudden weight gain may also be a problem. You should check your weight at home every morning. Speak to your doctor if your weight changes suddenly.