Identifying chronic kidney disease in adults

Estimate GFR, using the CKD-EPI creatinine equation, and test for proteinuria, by measuring ACR (ideally in an early morning sample) in adults with any of the following risk factors:

- diabetes
- hypertension
- previous episode of acute kidney injury
- cardiovascular disease
- structural renal tract disease, recurrent renal calculi or prostatic hypertrophy
- multisystem diseases with potential kidney involvement
- gout
- family history of end-stage renal disease or hereditary kidney disease
- incidental haematuria or proteinuria

Monitor eGFR at least annually if taking medicines that can adversely affect kidney function.

If eGFR < 60 ml/min/1.73m², repeat eGFR within 2 weeks to exclude acute kidney injury:
- Perform dipstick urinalysis if haematuria status unknown.

If eGFR < 60 ml/min/1.73m² or ACR ≥ 3 mg/mmol, repeat tests after 3 months:

- ACR ≥ 3 mg/mmol on repeat tests: Diagnose chronic kidney disease
- eGFR < 60 ml/min/1.73m² on repeat tests:
  - eGFR ≥ 60 ml/min/1.73m²: Do not diagnose chronic kidney disease
  - ACR < 3 mg/mmol: Do not diagnose chronic kidney disease

Incidental finding of proteinuria or reduced GFR

Manage acute kidney injury in line with the NICE guideline.