

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

Monitor eGFR at least annually if on nephrotoxic drugs

Incidental finding of proteinuria or reduced GFR

If persistent invisible haematuria (2 out of 3 reagent strips positive in the absence of proteinuria):

- consider investigating for urinary tract malignancy
- annual monitoring for haematuria, proteinuria, GFR and blood measure

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

Manage acute kidney injury in line with the NICE guideline

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

ACR ≥3 mg/mmol on repeat tests

eGFR <60 ml/min/1.73m² on repeat tests

- eGFR ≥60 ml/min/1.73m²
- ACR < 3 mg/mol

Diagnose chronic kidney disease

Do not diagnose chronic kidney disease