

# 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

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/1.73m<sup>2</sup>, 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/1.73m<sup>2</sup> or ACR ≥ 3 mg/mmol, repeat tests after 3 months

ACR ≥ 3 mg/mmol on repeat tests

eGFR <60 ml/min/1.73m<sup>2</sup> on repeat tests

• eGFR ≥ 60 ml/min/1.73m<sup>2</sup>  
• ACR < 3 mg/mol

Diagnose chronic kidney disease

Do not diagnose chronic kidney disease