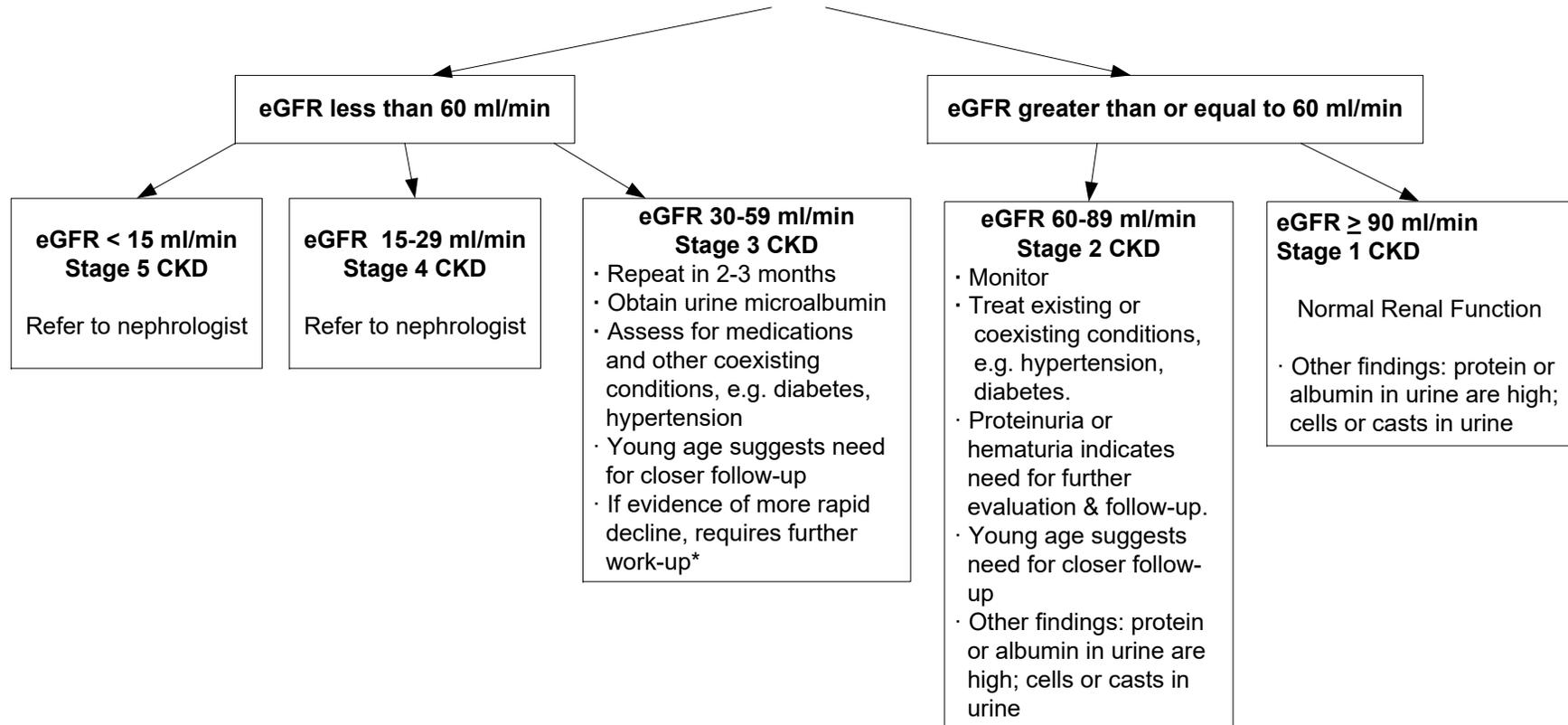# RENAL DISEASE SCREENING GUIDELINES

Washington State Clinical Laboratory Advisory Council to the
Washington State Department of Health
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FOR EDUCATIONAL PURPOSES ONLY
The individual clinician is in the best position to determine which tests are most appropriate for a particular patient.

Serum Creatinine/ Calculated eGFR (Estimated Glomerular Filtration Rate)

eGFR less than 60 ml/min

eGFR greater than or equal to 60 ml/min

**eGFR < 15 ml/min
Stage 5 CKD**

Refer to nephrologist

**eGFR 15-29 ml/min
Stage 4 CKD**

Refer to nephrologist

**eGFR 30-59 ml/min
Stage 3 CKD**
· Repeat in 2-3 months
· Obtain urine microalbumin
· Assess for medications and other coexisting conditions, e.g. diabetes, hypertension
· Young age suggests need for closer follow-up
· If evidence of more rapid decline, requires further work-up*

**eGFR 60-89 ml/min
Stage 2 CKD**
· Monitor
· Treat existing or coexisting conditions, e.g. hypertension, diabetes.
· Proteinuria or hematuria indicates need for further evaluation & follow-up.
· Young age suggests need for closer follow-up
· Other findings: protein or albumin in urine are high; cells or casts in urine

**eGFR ≥ 90 ml/min
Stage 1 CKD**

Normal Renal Function

· Other findings: protein or albumin in urine are high; cells or casts in urine

Factors to consider:

· eGFR has not been validated for persons less than 18 or greater than 70 years old

· Conditions that may affect eGFR include extreme body size, severe malnutrition or obesity, skeletal muscle disease, paraplegia or quadriplegia, vegetarian diets, rapidly changing kidney function

· eGFR needs to be adjusted for black population

· eGFR is reliable when serum creatinine has a steady state; not rising or declining

· Drug interference with creatinine method or levels may cause inaccurate eGFR results

* NICE recommended criteria for rapid decline: a. ≥ loss of GFR of 5ml/min/1.73 m^2 over a year or less; b. ≥ loss of GFR of 10 ml/mon/1.73 m^2 over 5 years or less.

Abbreviations:
CKD: Chronic Kidney Disease

References:
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2. National Kidney Foundation, K/DOQI clinical practice guidelines for chronic kidney disease: Evaluation, classification and stratification.
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3. Levey AS, Stevens LA, Estimating GFR Using the CKD Epidemiology Collaboration (CKD-EPI) Creatinine Equation More Accurate GFR
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4. www.renal.org/ckd (Revised January 2009).