

# Chronic Kidney Disease: Identification and Action Plan

Stage	Description	GFR/ (mL/min)*	Action	Management Responsibility†
	Increased risk for CKD	≥90	<ul style="list-style-type: none"> <li>Screen for CKD risk factors‡</li> </ul>	<p>Many can be managed primarily by PCP; nephrology consult helpful for diagnosis of cause of CKD and treatment plan</p> <p>Consider periodic consultation or co-management with nephrologist, especially in patients with complications or progression</p> <p>Regular follow-up by nephrologist recommended</p>
1	Kidney damage <sup>§</sup> with normal or increased GFR	≥90	<ul style="list-style-type: none"> <li>Diagnosis of cause of CKD and treat</li> <li>Screen and treat progression risk factors<sup>  </sup></li> <li>Treat comorbid conditions</li> <li>Screen and treat cardiovascular risk factors</li> </ul>	
2	Kidney damage with mildly decreased GFR	60-89	<ul style="list-style-type: none"> <li>Adjust medication doses</li> <li>Minimum yearly assessment of rate of GFR decline</li> </ul>	
3	Moderately decreased GFR	30-59	<ul style="list-style-type: none"> <li>Minimum biyearly GFR assessment</li> <li>Screen for complications every 3 months and treat if present</li> </ul>	
4	Severely decreased GFR	15-29	<ul style="list-style-type: none"> <li>Refer for preparation for renal replacement therapy</li> <li>See RPA clinical practice guidelines at <a href="http://www.renalmd.org">www.renalmd.org</a></li> </ul>	
5	Kidney failure	<15	<ul style="list-style-type: none"> <li>Begin replacement if uremic</li> </ul>	

Adapted from *Am J Kid Dis*. National Kidney Foundation, [K/DOQI Clinical Practice Guidelines for Chronic Kidney Disease: Evaluation, Classification and Stratification, S17-S31, ©2002, with permission from National Kidney Foundation.]

\*GFR is preferred over creatinine alone for assessing kidney function.

†This is the view of the RPA.