

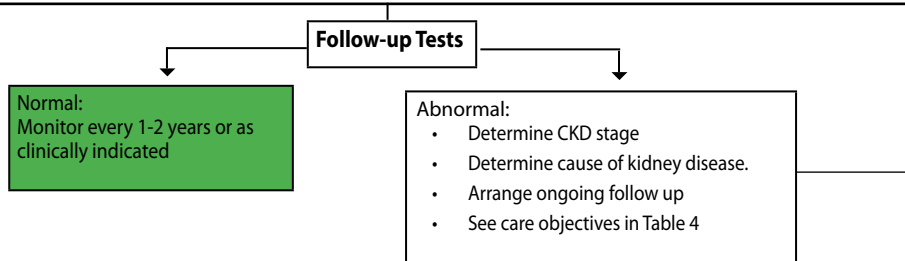


Appendix A. Summary of Evaluation and Management of CKD patients

Key Recommendations:

(i) Identify and screen at risk populations for evaluation of CKD

Populations at increased risk		
<ul style="list-style-type: none"> Diabetes Family history 	<ul style="list-style-type: none"> Hypertension High risk ethnicity 	<ul style="list-style-type: none"> CVD
Evaluation		
<ul style="list-style-type: none"> Perform a systems review and physical exam. Family history. Order laboratory tests including creatinine/eGFR, urine ACR. Repeat within 3 months to confirm abnormal results unless symptoms warrant urgent investigation, management and referral. 		



(ii) Evaluation and prognosis

- Measure both eGFR and urine ACR
- Determine Cause

				Urine ACR categories Description and range		
				A1	A2	A3
				Normal to mildly increased	Moderately increased	Severely increased
				<3mg/mmol	3-30mg/mmol	>30mg/mmol
(mL/min/1.73m ²) Description and Range	G1	Normal or High	≥90	Monitor	Refer	Refer
	G2	Mildly decrease	60-89	Monitor	Refer	Refer
	G3a	Mildly to moderately decrease	45-59	Monitor	Monitor	Refer
	G3b	Moderately to severely decrease	30-44	Monitor	Monitor	Refer
	G4	Severely decrease	15-29	Refer	Refer	Refer
	G5	Kidney failure	<15	Refer	Refer	Refer

(iii) Develop individualized management plan

Stage	Other Results	Recommendations
	If high risk group: Diabetes, Hypertension, CVD, Family history, High risk ethnicity	Urine ACR, Creatinine/eGFR, Blood Pressure Every 1-2 years
Monitor	Determine cause of CKD. Consider - Renal ultrasound - Urologist referral for isolated hematuria (*not discussed in guideline) - Advise Nephrologist/internist referral if Urine ACR increasing, eGFR declining > 10% annually. Serum K+ repeatedly > 6.0 mmol/L.	Annual review
Monitor	In addition to management advice in guideline: Advise nephrologist/internist referral if: Urine ACR increasing or eGFR declining > 10% annually	Every 6 months
Refer	See management advice Recommend referral to Nephrology	Every 4 months OR Refer to Nephrology
Monitor	See management advice	Every 4 months
Refer	See management advice	Refer to Nephrology

(iv) Ensure appropriate follow-up and timely referral to specialist.

Adapted from Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. KDIGO 2012 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. Kidney inter., Suppl. 2013;3:1-150.