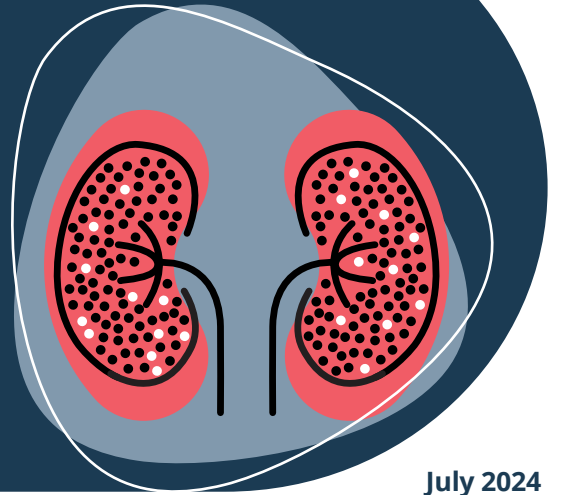


How to... Diagnose and Stage Chronic Kidney Disease (CKD)



July 2024

This 'How to...' guide aims to provide primary care health professionals with an overview of the steps involved in diagnosing and staging CKD, and what to do next.



- 1 Who should have a Kidney Health Check?
- 2 What is a Kidney Health Check?
- 3 Staging CKD
- 4 Diagnosing CKD
- 5 Once CKD is diagnosed
- 6 Case study

Chronic kidney disease (CKD) is common, harmful but treatable with 14% of Australian adults having CKD. Only 1 in 7 of these people know they have CKD.

1 Who should have a Kidney Health Check?



Diabetes



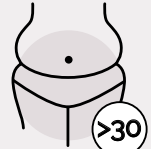
Established cardiovascular disease



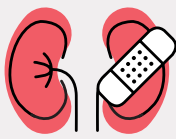
Hypertension



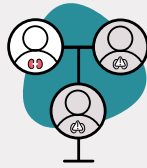
Current or former smoker/vaper



Obesity (body mass index) >30 kg/m²



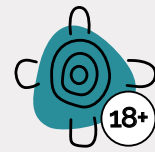
History of an acute kidney injury



Family history of kidney failure



Over 60 years of age



First Nations Australians

2 What is a Kidney Health Check?



Blood Pressure Check

(Maintain below BP goals)
Record result in person's notes

+



Urine ACR Test

(Albumin/Creatinine Ratio (ACR) to check for albuminuria)

+



Blood Test

(eGFR calculated from serum creatinine)

Are there any factors that could impact the results? Common considerations are -

For eGFR:

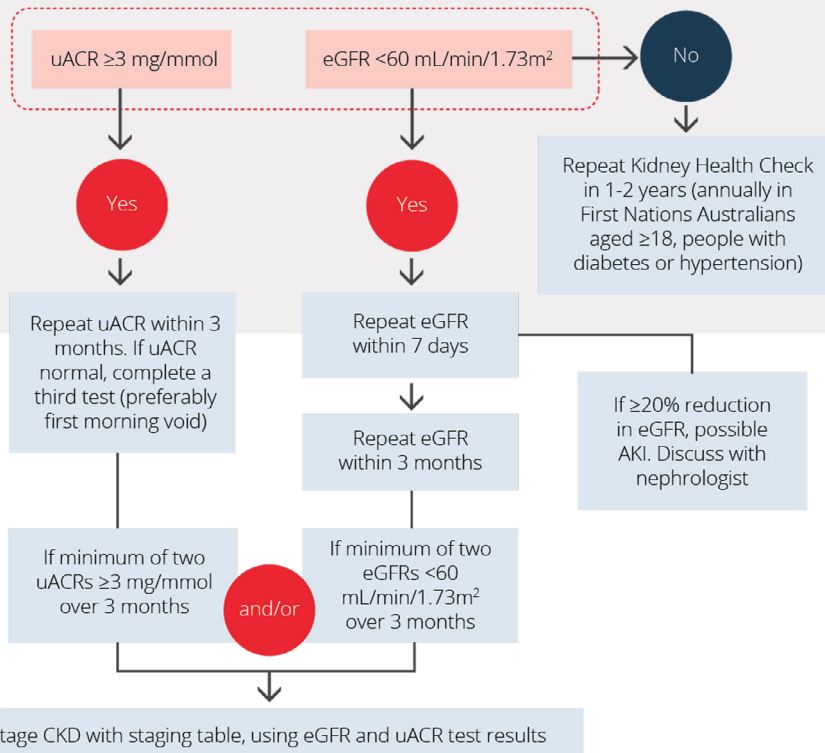
- Acute Kidney Injury.
- Dialysis.
- Meat consumption.
- High muscle mass.
- Extremes of body size.
- Exercise.

For Urine ACR:

- UTIs.
- High protein diet.
- Menstruation.

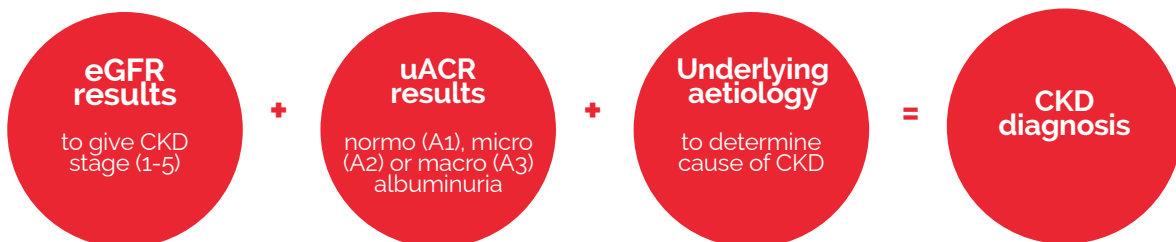
If Urine ACR and eGFR are normal, repeat **Kidney Health Check** in 1-2 years (annually if diabetes or hypertension present).

3 Staging CKD



Kidney Function Stage	eGFR (mL/min/1.73m ²)	Albuminuria Stage		
		Normal (A1) uACR <3.0 mg/mmol	Microalbuminuria (A2) uACR 3.0-30 mg/mmol	Macroalbuminuria (A3) uACR > 30mg/mmol
1	>90	Not CKD unless haematuria, structural or pathological abnormalities present	Yellow	Red
2	60 – 89			
3a	45 – 59	Yellow	Orange	Red
3b	30 – 44	Orange		
4	15 – 29	Red		
5	<15 or on dialysis	Red		

4 Diagnosing CKD



5 Once CKD is diagnosed

Code CKD in software

Enter the CKD diagnosis (stage + uACR + underlying cause) as a **coded diagnosis** in your medical software. If left uncoded, system alerts, like the medication dosage adjustment pop ups may be inaccurate.

Management plan

Align management goals and review timing with the relevant colour code Clinical Action Plan GPCCMP. Prescribe medications. Treatments to slow progression.

Patient education and support

Allied health support?
Specialist appointment?
Dietary advice? Refer to **Kidney Health Australia** for information, peer support and services.

6 Case study



First Nations
Australians



Diabetes

140/90 mm/Hg



+

>30 mg/mmol
(tested 3x/10wks)



+

51 mL/min/1.73m²



Chantelle visits you regarding her Kidney Health Check results. Chantelle is 43 years old and has been diagnosed with Diabetes Type 2, 5 years ago. Chantelle's Kidney Health Check results have been returned and repeated. As her health practitioner you revise the results to confirm her CKD.

Chantelle's BP is 140/90 mm/Hg. Her eGFR has remained below 60 mL/min/1.73m² for 2 of her last blood tests at 51 mL/min/1.73m². Her Urine ACR has been consistently above 30 mg/mmol for the last 3 tests in the last 10 weeks.

Using the staging table, Chantelle has **Stage 2 CKD with macroalbuminuria**, likely secondary to diabetes. **Red Clinical Action Plan for CKD**.

The practice nurse can update Chantelle's current GPCCMP to include CKD management and clinical targets according to the red Clinical Action Plan for CKD.

Chantelle has further investigations ordered and the results, along with her CKD stage and Urine ACR, are recorded in her medical history as a coded diagnosis in the medical software. Include in the GPMP that Chantelle should aim to have her blood pressure target below 130/80 mmHg, aim to reduce her BMI, be placed on a statin, and ensure diabetes is managed well.

Chantelle is referred to **Kidney Health for Life program** for information and support for her kidney journey.

Assessment for CKD is commonly called a Kidney Health Check

Pathology Reports automatically report Serum Creatinine as eGFR

Resources and information

Abnormal test results present for >3 months before CKD is confirmed

Order additional investigations to determine the underlying cause of the kidney damage

Add Kidney Health Check items to GPCCMP templates in practice software

Complete a GPMP for new CKD diagnosis

Health Professional Hub

- Practice Tool Kit
- Sample practice invitation letter
- Risk assessment cards
- Risk assessment posters
- CKD education modules

CKD Handbook & CKD-Go! App
kidney.org.au/ckdhandbook

Algorithm for CKD diagnosis

Colour coded Clinical Action Plans

How to... guides

Kidney Helpline

1800 454 363

kidney.helpline@kidney.org.au



Connect with us:

Freecall 1800 454 363

kidney.org.au

RACGP 5th Standards

for General Practice Indicator

C1.3 A: Our patients receive information about proposed investigations, referrals and treatments, including their purpose, importance, benefits and risks.

C1.3 B: Our patients receive information to support the diagnosis, treatment and management of their conditions.

Every effort has been taken to ensure that the information in this guide was correct at the time of publication. Please check relevant sources for updates that may affect the accuracy of this information since publication. Any feedback or content updates can be referred to our primary care team primary.care@kidney.org.au. This 'How to...' guide was kindly supported by a grant from Astra Zeneca.

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