Table 4

Monitoring patients with chronic kidney disease in general practice[1]

Stage	1	2	3	4	5
eGFR ml/min/1.73m^2	≥90 and albuminuria	60-89+ and albuminuria	30-59	15-29	<15
Tests	Annual U&E and urine ACR			As before but now 3 monthly	Check U&E 6 weekly
Treatment	Treat BP to target of <130/80 (threshold to treat 140/90) ● ACE inhibitor or ARB if urine ACR ≥30 mg/mmol in patients without diabetes ≥3 mg/mmol in patients with diabetes ● Statin if CVD risk ≥20% over 10 years ● Optimal glycaemic control in diabetes patients ● Advise lifestyle changes ● Consider aspirin 75 mg				
Referral	● Fall in eGFR by >5ml/min/1.73m^2 per year ● Rise in serum creatinine by 20% per year ± urine ACR ≥70 mg/mmol ± systolic BP ≥160 mmHg despite treatment with multiple agents			Discussion with, or referral to, renal services is usual	Usually automatic (unless not for active treatment based on comorbidity)