Table 3

Suggested monitoring of CKD in general practice

STAGE	G1	G2	G3a	G3b	G4	G5
U&E and ACR (times per year)	A1-3: once		A1-2: once	A1-2: once A3: twice	A1-2: twice A3: three times	Four times or more
Treatment	● Treat BP to a target < 140/90 mmHg (130/80 if urine ACR ≥ 70 mmol/mol) ● ACEi or ARB if -ACR ≥ 3 mg/mmol + diabetes -ACR ≥ 30 mg/mmol + BP ≥ 140/90 mmHg -ACR ≥ 70 mg/mmol ● Consider a statin + aspirin 75 mg for secondary prevention ● Advise lifestyle changes as appropriate					
Referral	Progressive CKD Decrease in GFR ≥ 15 ml/min/1.73m^2 ± urine ACR ≥ 70 mg/mmol ± systolic BP ≥ 160 mmHg (despite treatment with multiple agents)				Discussion with or referral to renal unit is usual	Usually automatic (Unless not for active treatment based on comorbidity)