Offer Kidney Health Check to people with any of the following indications:

- Diabetes
- Hypertension
- Established cardiovascular disease
- Family history of kidney failure
- Obesity
- Smoking
- Aboriginal or Torres Strait Islander origin aged ≥30 years

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

Possible acute kidney injury - discuss with Nephrologist

If eGFR <60 mL/min/1.73m² and ≥20% reduction in eGFR

Repeat eGFR within 7 days

Repeat urine ACR twice within next 3 months (preferably first morning void)

Minimum 2 out of 3 elevated urine ACRs present for ≥3 months

Elevate urine ACR (males ≥2.5mg/mmol, females ≥3.5 mg/mmol)

Stable reduced eGFR

Repeat eGFR twice within 3 months

Minimum 3 reduced eGFRs present for ≥3 months

Algorithm for initial detection of CKD

<table>
<thead>
<tr>
<th>Kidney Function Stage</th>
<th>GFR (mL/min/1.73m²)</th>
<th>Normal (urine ACR mg/mmol)</th>
<th>Microalbuminuria (urine ACR mg/mmol)</th>
<th>Macroalbuminuria (urine ACR mg/mmol)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male: &lt;2.5 Female: &lt;3.5</td>
<td>Male: &lt;2.5-25 Female: &lt;3.5-35</td>
<td>Male: &gt;25</td>
</tr>
<tr>
<td>1</td>
<td>≥90</td>
<td>Not CKD unless haematuria, structural or pathological abnormalities present</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>60-89</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>45-59</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>30-44</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>15-29</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>&lt;15 or on dialysis</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Albuminuria Stage

- Albuminuria Stage
- Kidney Function Stage
- GFR (mL/min/1.73m²)
- Normal (urine ACR mg/mmol)
- Microalbuminuria (urine ACR mg/mmol)
- Macroalbuminuria (urine ACR mg/mmol)

Investigations to determine underlying diagnosis

Combine eGFR stage (1-5), albuminuria stage and underlying diagnosis to fully specify CKD (e.g., stage 2 CKD with microalbuminuria due to diabetic kidney disease).

Refer to colour-coded action plans on page 31 for management strategies

Source: CKD Management in Primary Care, 4th edition, Kidney Health Australia, Melbourne, 2020