START HERE!
Remember: if first ever eGFR is low, is this acute renal failure? Repeat in 2w if well, sooner if ?ARF
If not first eGFR, confirm not sudden decline (look at past values).

eGFR >60
YES
NORMAL: no further action unless structural kidney disease (e.g. polycystic kidneys)

eGFR 30–60
Progression to end stage renal disease is low (4/1000/yr) so diagnose only if **either:**
If proteinuria present (defined in Box 1) at any eGFR between 30 & 60 ***OR***
eGFR<5th centile for age (see Box 1)
Follow the flow chart to work out your next action

YES
Over 70y?
YES
If >70y & eGFR>45 AND stable over time: NORMAL
Otherwise follow protocol.

NO
Does the patient have proteinuria (see Box 1) & an eGFR 30–60)?

YES

NO
Is eGFR less than 5th centile for age (see Box 2)?
NO
NO: No further action. TELL PATIENT NORMAL.

YES
This patient may have CKD 3: *In order to confirm/refute diagnosis:*
Repeat eGFR & ACR in 3m: send practice note to Carol S to trigger standard letter to patient.

At appt with Carol 3m later
BP if not done in last 6m **Bloods:** eGFR, U&Es, calcium, phosphate, Hb **Urine:** ACR &dip for haematuria

Does the patient have proteinuria (& an eGFR 30–60)?

YES
Code as: CKD 3 with proteinuria (1Z1B)

NO
Is eGFR less than 5th centile for age (see box 1)?
NO
If repeat eGFR greater than 5th centile AND no proteinuria (see Box 2):
No further action. TELL PATIENT NORMAL.

YES
Code as: CKD 3 without proteinuria (1Z1C)

- Ensure BP control (<140/85 for QOF but aim for 130/80 if proteinuria)
- ACE inhibitor for all (reduces proteinuria and BP if needed)
- Assess CVD risk: offer statin if CVD risk >20%

eGFR <30
YES
Prompt assessment of patient. Consider referral (see overleaf)

BOX 1
Proteinuria is an ACR greater than:
- 2.5 for MEN with diabetes
- 3.5 for WOMEN with diabetes
- 30 for non-diabetics

Box 2
eGFR 5th centiles by age

Age	40y	50y	60y
MEN	65	60	45
WOMEN	55	50	40