

Table 2. Evaluating patients with abnormal screening tests ^a

Stage	Other Results	Recommendations ^b
Stage 1 or 2; eGFR \geq 60mL/min plus evidence of kidney damage ^c	Urinalysis normal but ACR equivocal (2-20 male; 2.8-28 female) on at least 2 out of 3 occasions	<ul style="list-style-type: none"> • Determine cause of CKD. • See management advice in Part 2. • Consider kidney U/S.^d • Order annual creatinine and urine tests. • Consider referral to nephrologist/internist^e if urine protein is increasing, eGFR is declining $>$ 10% annually, or serum K⁺ is repeatedly $>$ 6.0 mmol/L.
	Urinalysis abnormal or ACR abnormal ($>$ 20 male; $>$ 28 female)	<ul style="list-style-type: none"> • See management advice in Part 2. • Consider kidney U/S. • Consider referral to nephrologist/internist. • Consider referral to urologist for isolated microhematuria even if U/S is normal.
Stage 3; eGFR = 30-59 mL/min	Urinalysis normal but ACR equivocal (2-20 male; 2.8-28 female)	<ul style="list-style-type: none"> • See management advice in Part 2. • Consider kidney U/S. • Order annual creatinine and urine tests q 6 months. • Consider referral to nephrologist/internist if urine protein increasing or eGFR declining $>$ 10%/year.
	Urinalysis abnormal or ACR abnormal ($>$ 20 male; $>$ 28 female)	<ul style="list-style-type: none"> • See management advice in Part 2. • Order kidney U/S. • Consider referral to nephrologist/internist.
Stage 4; eGFR = 15-29 mL/min	Regardless of other results	<ul style="list-style-type: none"> • See management advice in Part 2. • Refer to nephrologist/internist.
Stage 5; eGFR $<$ 15-mL/min	Regardless of other results	<ul style="list-style-type: none"> • See management advice in Part 2. • Refer urgently to nephrologist/internist.

KEY: ACR=albumin/creatinine ratio, CKD=chronic kidney disease, CVD=cardiovascular disease, eGFR=estimated glomerular filtration rate, K=potassium, U/S=ultrasound

NOTES:

- ^a In the absence of other systemic illness.
- ^b All CKD patients are at risk for CVD therefore the usual protocols for CVD risk, evaluation, and treatment should be followed.⁴
- ^c Patients with eGFR $>$ 60 ml/min, in the absence of abnormalities of urine or imaging tests, do not have Stage 1 or 2 CKD. If the patient is in a high-risk population, repeated screening is recommended at regular intervals.
- ^d Kidney U/S may be required in those with a family history of polycystic kidney disease or symptoms of urinary tract obstruction, infection, or stones. It can also quickly identify reversible conditions.
- ^e Internists are skilled in the initial workup and management of early CKD, and given the usual concomitant association of CKD and CVD, are also appropriate as the initial referral.