

Chronic Kidney Disease

Interpreting eGFR & uACR results

Overview

- eGFR and uACR are the two indicators for Chronic Kidney Disease (CKD)
- The earlier patients are coded and treated, the better their outcomes
- Coding requires two eGFR readings taken at least 3 months apart & a uACR
- This document covers eGFR and uACR coding guidance for CKD stage 3 and below
- It is intended to support primary care clinicians in the screening, coding and management of patients with early stage CKD

eGFR coding guidance

eGFR 60-90ml/min

If patient has any risk factors for CKD, consider urinalysis for haematuria and proteinuria

Ensure urine ACR has been performed in last 12-24 months

eGFR 45-59 ml/min

Code for CKD stage G3a

eGFR 30-40 ml/min

Code for CKD stage G3b

eGFR 15-29 ml/min

Code for CKD stage G4

For further details on coding, please refer to **London Kidney Network Coding CKD in Primary Care Guidelines:**

londonkidneynetwork.nhs.uk

uACR coding guidance

ACR >70 mg/mmol

No need for repeat

Check eGFR and code for CKD

ACR 3-70 mg/mmol

If new, repeat morning ACR sample within 2 weeks

Check eGFR and code for CKD if necessary

When CKD is confirmed and coded, ensure appropriate CKD management including:

- **RAASi**
- **SGLT2i**
- **Blood pressure control**
- **Cardiovascular risk factor review**