# CKD Quick Reference Guide

## Identification & Management

UK Kidney Association

This guide summarises NICE CKD guidance and relevant UKKA guidelines.

## CKD Identification

**Major risk factors:** diabetes, hypertension, CVD, obesity, chronic NSAIDs, proteinuria, previous AKI, kidney stones, family history, ethnicity, age

Test **ACR** and **eGFR** at least annually

ACR < 3 AND eGFR > 60: re-check annually

**ACR ≥ 3 OR eGFR ≤60:** retest in 3 months; if present >3 months, diagnose CKD

**Guide to CKD categories & frequency of monitoring (number of times per year) by GFR and ACR**

| Persistent GFR categories (mL/min/1.73m²), description and range | | | Persistent ACR categories (mg/mmol)***, description and range | | |
|---|---|---|---|---|---|
| | | | A1 | A2 | A3 |
| | | | Normal to mildly increased | Moderately increased | Severely increased |
| | | | <3 | 3-30 | >30 |
| G1 | Normal and high | ≥90 | Screen ≤1 if CKD* | Treat 1 | Treat ≥1 |
| G2 | Mild reduction related to normal range for young adult | 60-89 | Screen ≤1 if CKD* | Treat 1 | Treat ≥1 |
| G3a** | Mild to moderate reduction | 45-59 | Treat 1 | Treat 1 | Treat 2 |
| G3b | Moderate to severe reduction | 30-44 | Treat ≥1 | Treat 2 | Treat ≥2 |
| G4 | Severe reduction | 15-29 | Treat 2 | Treat 2 | Treat 3 |
| G5 | Kidney failure | <15 | Treat 4 | Treat ≥4 | Treat ≥4 |

**Stage and code using eGFR and ACR, assess risk, and optimise risk factors**

- Code using specific stage (G#A#) and suspected cause
- If eGFR <60, use KFRE to estimate risk of progression to ESKD
- Optimise CVD and CKD risk factors by promoting:
  - healthy lifestyle (smoking cessation, heart-healthy diet, physical activity)
  - glycaemic control in DM
  - BP control

## CKD Management

### Statin + RAAS inhibitor

Offer atorvastatin 20 mg OD; add ezetimibe 10mg OD if statin intolerant

ACEi or ARB:

- Hypertension and ACR ≥ 30 OR diabetes and ACR ≥ 3 OR ACR ≥ 70 mg/mmol
- Titrate to maximum tolerated licensed dose
- Target BP < 130/80 if ACR ≥ 70 or diabetes; < 140/90 if ACR < 70 (individualised)
- Check BP, eGFR, K+ before and 1-2 weeks after starting or increasing dose
- Accept < 25% ↓ eGFR; if K+ 5.5-5.9 mmol/L: ↑ monitoring, address reversible causes, consider ↓ dose until K+ stabilises; if K+ ≥6.0: stop or ↓ dose to tolerated

### SGLT2i

following initiation (or intolerance) of ACEi/ARB: follow local prescribing guidelines

**CKD with type 2 diabetes**

- eGFR ≥ 20
- If already taking SGLT2i as part of diabetes management, continue current SGLT2i & dose

**CKD without diabetes**

- eGFR 20-44 or
- eGFR ≥ 20 and ACR ≥22.6

### nsMRA (finerenone)

following initiation (or intolerance) of ACEi or ARB and SGLT2i

adults with type 2 diabetes, eGFR 25-59, and albuminuria (ACR ≥ 3 mg/mmol)

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## Prevention, Safety, Referral, and Complications

## CKD & CVD Prevention

**Promote healthy lifestyle**: smoking ↓ | diet | alcohol ↓ | weight | activity | BP & glucose

**Modifiable risks:** BP | proteinuria | lipids | insulin resistance | hyperuricaemia

**Prevent AKI**: infection | medicines | hypotension

## Safe prescribing

- **Prioritise benefit** prognostic/supportive
- **Polypharmacy & adherence**
- **Check interactions** e.g. RAASi+K-sparing diuretic → ↑$K^+$
- **Low kidney function alters drug handling** → dose-adjust & monitor
- **Avoid/limit NSAID** where possible

## Consider specialist referral or discussion if any apply

KFRE 5-yr kidney failure risk **>5%**

**Albuminuria**
- ACR ≥70 unless known to be DM-related
- ACR ≥30 + haematuria

**Rapid eGFR decline:**
- ≥25% drop & category change ≤12 mo
- ≥15 ml/min/1.73$m^2$ drop per year

**Hypertension**
- Poor control on ≥4 agents

**Other**
- Suspected genetic/rare cause
- Suspected renal artery stenosis

## Complications of advanced CKD

Complications become more common in stages G4-5. Seek specialist advice or refer if appropriate.

**Fluid balance/oedema**
**Hypertension**
- Follow NICE advice
- Note lower targets with raised ACR
- Polypharmacy & loop diuretics

**Hyperkalaemia and metabolic acidosis**
- Check serum bicarbonate
- Review diet & medicines
- Potassium binders

**Anaemia**
- Rule out other causes
- Note ferritin targets

**Mineral Bone Disorder**
- Avoid bisphosphonates in advanced CKD
- Monitor vitamin D and PTH
- Hyperphosphataemia

**Itch**

**Insulin resistance & metabolic syndrome**

## Further information

- NICE Guidance: NG203, TA1075, TA942, TA877
- UK CKD Guide
- Kidney Failure Risk Equation (KFRE)
- CKD Medication Leaflet
- Information for patients and carers
- CKD e-Learning and practice-level data
- UK Kidney Association Guidelines

## Full CKD guide

## E-Learning

This information was correct to the best of our knowledge at time of writing (Jan 2026).
Prescribers should always consult current guidance, local formularies, and individual SMPCs for full prescribing information.

ACR: albumin-to-creatinine ratio; ACEi: angiotensin-converting enzyme inhibitor; AKI: acute kidney injury; ARB: angiotensin receptor blocker; BP: blood pressure; CKD: chronic kidney disease; CVD: cardiovascular disease; DM: diabetes mellitus; eGFR: estimated glomerular filtration rate; ESKD: end-stage kidney disease; KFRE: Kidney Failure Risk Equation; nsMRA: non-steroidal mineralocorticoid receptor antagonist; RAAS: renin–angiotensin–aldosterone system; SGLT2i: sodium–glucose co-transporter-2 inhibitor.

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