**Risk Factors**
- Diabetes Mellitus
- Cardiovascular Disease
- Urinary tract abnormalities including reduced renal mass
- Known systemic auto immune disorders such as SLE
- Excessive use of known toxins such as analgesics (NSAIDs), lithium and others
- Hypertension
- Family history of kidney disease
- High risk ethnic groups e.g. First nations

**Screening for at risk individuals (annual):**
- History and physical examination with blood pressure assessment
- eGFR from serum creatinine (ml/min/1.73m²)
- Urinalysis, and spot urine for albumin/creatinine (ACR)

If abnormal eGFR OR ACR >50 mg/mmol OR hematuria, order Renal Ultrasound and CBC, serum urea, electrolytes – Na, K, Cl, HCO₃, calcium, phosphate, glucose, albumin. If over 40 y/o obtain serum and urine protein electrophoresis.

If diabetic see: Diabetic Nephropathy Management Guidelines
If non-diabetic see: Non-Diabetic CKD Management Guidelines

If Hematuria(≥ 3 RBCs on 2 specimens)
See Hematuria Pathway

If patient with life-threatening uremic symptoms such as severe hyperkalemia or acidosis, pulmonary edema, encephalopathy, pericarditis.
Refer to Nephrology EMERGENT. Page nephrologist or/and send patient to ER

For eGFR > 60 repeat blood and urine tests every 6-12 mos.
For eGFR 30-59 repeat blood and urine tests every 3-6 mos.
For eGFR 15-29 repeat blood and urine tests every 1-3 mos. Repeat U/A, ACR, eGFR from serum creatinine, urea, electrolytes – Na, K, Cl, HCO₃, calcium, phosphate, albumin, CBC

1. KFRE - Kidney Failure Risk Equation
2. eGFR units - ml/min/1.73m²

Disclaimer: MRP pathways and guidelines are not a substitute for the healthcare provider's clinical judgement in providing the most appropriate care to meet the unique needs of his/her patient.