**Referral pathway for CKD Stage 3**

**ACR to PCR**

**NOTE: An ACR of 70 is comparable to a PCR of 100 both of which equate to 1g proteinuria/24 hours**

**NOTE: The combined presence of both blood and protein in the urine may suggest a glomerulonephritis.**

**Such patients should have urgent bloods sent and be discussed with the renal on call if concurrent AKI found.**

**If renal function is normal or stable CKD urgent OP referral to nephrology**

**eGFR <60 but >30**

**Yearly bloods including U&E, FBC and ACR**

**Monitor and optimise BP**

**Address cardiovascular risk factors and Life style**

**If presence of proteinuria consider ACEi/ARB if not contraindicated**

**Nephrology referral if decline eGFR exceeds 10ml over 12 months or if increase Proteinuria (please refer to proteinuria guideline)**

**If patient becomes anaemic please referral to CKD Anaemia guideline**

**Patient aged <50 years OR a decline of in EGFR 10ml over 12 months – referral to nephrology for routine OP appointment**

1. **Review historical results and consider rate of change**
2. **Dip urine and send for PCR if proteinuria (please refer to specific guideline if raised)**
3. **Request renal USS if not completed in the past 12 months or for new decline**
4. **Check BP and optimise**
5. **Address cardiovascular risk and life style factors**
6. **Avoid nephrotic drugs including NSAID**
7. **7) If diabetic refer to diabetes renal guidelines.**

**Patient aged >50 years with a rate of decline in eGFR less than 10ml over 12 months**

**Monitor in primary care**