

NEW Comments for LIS

Note that the upper reporting limit is >120 now.

ESTIMATING GFR:

eGFR-MDRD > 90 mL/min/1.73m² *Not* consistent with Chronic Kidney Disease (CKD) unless other evidence of kidney damage.

eGFR-MDRD 60 - 89 mL/min/1.73m² Consistent with *mild* CKD. Suggest repeat testing in 6 to 36 months.

eGFR-MDRD 30 - 59 mL/min/1.73m² Consistent with *moderate* CKD. Suggest repeat testing to estimate progression in 3 to 6 months or after any change in medications, medical interventions or clinical status. Consider nephrology referral if serial changes are significant.

eGFR-MDRD 15 - 29 mL/min/1.73m² Consistent with *severe* CKD. Consider nephrology referral.

eGFR-MDRD <15 mL/min/1.73m² Consistent with kidney failure. Consider urgent nephrology referral.

A 20% change in serum creatinine represents a real change in value (RCV), while a 30% change is highly significant. For eGFR, an average change over several samples of 10% annually is clinically significant. Consider a nephrology referral

Additional information:

1. If estimating renal function for dosing medications, consult a Pharmacist at KGH (contact Paula Newman) for further information.
 2. eGFR-MDRD assumes “**steady state**” . For rapidly changing kidney function, monitor serum creatinine
 3. Creatinine and GFR vary with muscle mass. Consult nephrologist if patient has abnormal physical considerations. The MDRD calculation should be multiplied “ x 1.21 ” for “African Americans”.
 4. **Less than 18 years:** use **eGFR-Schwartz** If CKD risk is high, consider a more precise GFR *calculation*.
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