

## ***Responding to eGFR – the Oxford policy*** ***(Updated March 2012)***

eGFR is calculated automatically from the plasma creatinine, age, gender and race (if you specify) of your patient. It is a better measure of renal function in patients with renal impairment than the plasma creatinine **but is imprecise and potentially misleading in patients with creatinines near the normal range especially in the older age groups.**

- **An eGFR <15ml/min** (CKD Stage 5), indicates severe renal failure which if a new and unexpected finding without a known cause already acted upon (e.g. terminal disease), mandates urgent discussion with the renal team if intervention would be appropriate.
- **An eGFR >15<30ml/min** (CKD Stage 4), indicates significant impairment of renal function which requires prompt assessment and referral within 6 weeks, or *sooner* if the patient is unwell, has other indicators of renal disease such as haematuria or proteinuria or there has been a significant decline (>30%).
- **An eGFR >30<60 ml/min** (CKD Stage 3; 3A 45-59ml/min;3B 30-44ml/min). This may reflect age, biological variation, or renal disease especially if there is other evidence or clues to renal damage such as haematuria, proteinuria, hypertension or diabetes mellitus. Evaluate, repeat after ***one week*** in the unwell patients and ***one month*** in the well, and refer or seek advice on all those:
  - (i) with evidence of renal damage or deteriorating function
  - (ii) with an eGFR <5<sup>th</sup> centile for age and gender (**centile charts attached**)
  - (iii) with protein:creatinine ratio >50 mg/mmol creatinine (unless known diabetic already on appropriate treatment and not progressing)
  - (iv) with GFR 30 - 44 mls/min (CKD Stage 3B) unless stable for > 1 year.

with as much information on past creatinines, medical history and medications, for an opinion or an appointment.

**Note:** an eGFR of >60 ml/min is not necessarily normal, nor does an eGFR >5<sup>th</sup> centile exclude renal disease.

If you are concerned that an *urgent* opinion is needed i.e. **today**, contact the Oxford Kidney Unit asking for the duty SpR or the duty consultant via the switchboard (**01865 741841 or fax 01865 225773**). For non-urgent advice email the consultant of your choice or refer via Choose and Book

**Oxford:** Dr P Altmann, Prof R Cornall, Dr P Harden, Dr PD Mason, Dr D Mole, Prof CW Pugh, Dr CG Winearls

**Milton Keynes:** Dr Shenbagaraman and Dr PD Mason

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