

The following diagnostic evaluation tests for CKD are always indicated⁸:

- Renal ultrasound scan
- Repeat (within 1 week) serum urea/electrolytes/creatinine/eGFR/albumin. If eGFR continues to decrease refer to acute kidney injury management plan (see page 28)
- Full blood count, CRP, ESR
- Urine ACR (preferably on a first morning void to minimise postural effect on albumin excretion, although a random urine is acceptable)
- Fasting lipids and glucose
- Urine microscopy for dysmorphic red cells, red cell casts or crystals

The following diagnostic evaluation tests for CKD are sometimes indicated⁸:

If the following is present:	Carry out the following test:
Signs of systemic disease (e.g., rash, arthritis, features of connective tissue disease, pulmonary symptoms or deteriorating kidney function)	Anti-glomerular basement membrane antibody Anti-neutrophil cytoplasmic antibody Anti-nuclear antibodies Extractable nuclear antigens Complement studies
Risk factors for HBV, HCV or HIV (these conditions are associated with an increased risk of glomerular disease)	HBV, HCV, HIV serology
Age > 40 years and possible myeloma is suspected	Serum and urine protein electrophoresis