

# CDI Quick Tip

## Documenting Chronic Kidney Disease

**Chronic Kidney Disease – Persistent and usually progressive, irreversible loss of kidney function. Abnormalities of kidney structure or function present for > 3 months, with implications for health**

- CKD is usually associated with Diabetes, Hypertension, Urinary obstruction, autoimmune disease, and episodes of prior AKI. Certain nephrotoxic medications can also contribute to renal damage that progresses to CKD.
- The Glomerular filtration rate (GFR) is the best overall index of kidney function. However, keep in mind it varies with age, race and gender.
- *Chronic renal insufficiency, Chronic renal failure, or Chronic renal disease* are all equivalent terms for CKD, but should be staged.
- Creatinine levels often fluctuate widely during an admission, so the GFR and the stage of CKD cannot be clinically determined unless or until the **GFR/Creatinine level is stable**. When considered stable, the lowest Creatinine level (highest GFR) should be used as the baseline for staging.
- Stage 4 and stage 5 CKD are CC's (comorbid conditions/complications).
- Diagnostic Criteria for CKD are either of the following present for > 3 months:
  1. Decreased GFR < 60 ml/min
  2. Objective measures of kidney damage: significantly persistent albuminuria, urinary sediment abnormalities, electrolyte and other abnormalities due to renal tubular disorders, abnormalities identified on biopsy, structural abnormalities detected by imaging, or history of kidney transplant.

GFR categories in CKD

Category	GFR ml/min/1.73 m <sup>2</sup>
G1	≥90
G2	60-89
G3a	45-59
G3b	30-44
G4	15-29
G5	<15