

## Estimated Glomerular Filtration Rate

The estimated glomerular filtration rate (eGFR) is an estimate of kidney (renal) function based on a formula using age, sex, and blood/serum creatinine. There are other formulas that estimate kidney function by calculating creatinine clearance based on the level of blood/serum creatinine as well. There is an international move in clinical medicine to report kidney function in a standardized fashion using the eGFR. The recommendation is that individuals should only be classified as having chronic renal disease once they have had 2 abnormal eGFR measurements, both in the specified chronic kidney disease (CKD) range. Benign reversible conditions, such as dehydration, can cause the serum creatinine to be temporarily elevated, so repeat testing is necessary to identify fixed, nonreversible reduced kidney function. Below are the standardized criteria for staging the degree of kidney disease. Urine or other abnormalities can point to kidney disease even when eGFR is normal. Possible abnormalities include persistent microalbuminuria (excess albumin in the urine), proteinuria (excess protein in the urine), or hematuria (blood in the urine). Or the abnormality may be structural problems in the kidneys seen on ultrasound (US) or other imaging tests. Abnormalities could include such things as Polycystic Kidney Disease (PKD), reflux nephropathy (urine in the bladder backs up through the ureters and causes back-up pressure damage to the kidneys), kidneys that are shrunken in size, or an abnormal kidney biopsy showing inflammation of the glomerular structures in the kidneys (glomerulonephritis) or chronic scarring.

**If your client has a low estimated Glomerular Filtration Rate, please answer the following:**

**1. What is the diagnosis?**

---

**2. Please list date when first diagnosed:**

---

**3. Is your client on medications (include tylenol, aspirin, ibuprofen or similar pain medications as well as any other medications)?**

If yes, please give details

---

**4. Has your client smoked cigarettes or other form of tobacco in the last 5 years?**

If yes, please give details

---

**5. Please describe your client's alcohol consumption.**

---

**6. What are the following measurements?**

EGFR \_\_\_\_\_ Creatinine \_\_\_\_\_

BUN \_\_\_\_\_ Urine abnormalities: red blood cells (RBCs) \_\_\_\_\_

Protein \_\_\_\_\_

**7. Does your client have any history of blood or protein in the urine?**

Yes or No If yes, please give details \_\_\_\_\_

**8. Does your client have hypertension?**

Yes or No If yes, please give details \_\_\_\_\_