CKD Risk Assessment Tool

For adult patients

This one-page tool provides a standardised patient–pharmacist conversation flow to support early identification of those at risk of chronic kidney disease (CKD) and counselling/education on the following: risk factors for CKD, the importance of early screening and the requirement for blood and urine tests.*

Offer the patient a private space to talk if they wish

**Triggers for conversations about CKD and testing**

Common comorbidities:¹
e.g. diabetes, hypertension, cardiovascular disease

Common medications:¹–³
to-diabetic agents, RAASi, beta blockers, statins, diuretics

Other considerations:¹⁴–⁵
e.g. family history of ESRD, age >60, lifestyle factors (i.e. obesity, smoking)

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**Packet of questions**

Assess
Common triggers for conversations about CKD**

- Common comorbidities
- Common medications
- Other considerations

Start here

Assess
Common triggers for conversations about CKD**

- Has your doctor discussed your kidney health and important tests – blood (eGFR) and/or urine (uACR)?

YES

Assess
Common triggers for conversations about CKD**

- Have you had your kidneys checked recently (within the last 12 months)?

YES

Advise
Due to your personal risk factors [list], it would be beneficial to have your kidney health checked via blood (eGFR) and/or urine (uACR) tests

NO

Assess
Common triggers for conversations about CKD**

- Do you have a primary care doctor you regularly visit (i.e. at least once a year) who can conduct these tests for you?

YES

Recommend
Accessing care is the next step, i.e. consider finding a doctor or other location for further testing and offer to contact the doctor once identified

NO

Refer
Offer to send referral letter, with information about next steps and follow-up, directly to their doctor

Document
Confirm management under a doctor and document frequency of testing

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Patient leaflet

Always share balanced information about kidney function testing with the patient

Inform them about your collaborative role in their ongoing chronic kidney disease testing and management

Additional advice

- Take medication regularly, as prescribed, and discuss over-the-counter medicines (e.g. NSAIDs and potentially nephrotoxic herbal medicines)¹ to avert any further risk to kidney health
- For patients with diabetes – emphasise active management of their blood glucose (diabetes is a leading cause of CKD)⁶
- For patients with hypertension or heart failure, remind them how to monitor and help control their blood pressure¹
- Keep cholesterol under control to prevent potential further damage to blood vessels⁶
- Eat a kidney-friendly diet and keep hydrated (e.g. lower salt intake)⁶
- Try to reduce or give up smoking; smoking can worsen kidney damage⁶
- See your doctor regularly, who may recommend treatment if you have kidney disease or to control risk factors that put you at risk of kidney disease¹

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CKD, chronic kidney disease; eGFR, estimated glomerular filtration rate; ESRD, end-stage renal disease; RAASi, renin-angiotensin-aldosterone system inhibitor; uACR, urine albumin–creatinine ratio

*This does not replace the advice of a primary care provider


Obtain local nominated signatory approval before use

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