Questions and tests to ask your doctor

Chronic kidney disease

Has this been checked? If not, what would it change?

1. Both tests, every time: eGFR and uACR - a normal creatinine on its own does not rule out kidney disease.
   Ask: “Have I had both the eGFR and the urine albumin-to-creatinine ratio?”
Source: KDIGO 2024 CKD guideline

2. How often to repeat them - the interval depends on your risk category.
   Ask: “How often should these be repeated for my risk?”
Source: KDIGO 2024 risk heat map

3. Stage and trend - your GFR stage, and whether the number is falling.
   Ask: “What is my GFR stage, and is the number falling?”
Source: KDIGO 2024

4. Blood work beyond creatinine - hemoglobin, bicarbonate, calcium and phosphate are watched as kidney function changes.
   Ask: “Are my hemoglobin, bicarbonate, calcium and phosphate being checked?”
Source: KDIGO 2024

5. Medication dose check - kidney dosing changes, and some common pain pills are hard on kidneys.
   Ask: “Do any of my medicines need a dose review now, and should I avoid ibuprofen?”
Source: KDIGO 2024

6. Blood pressure and protein in the urine - the two things that most change the course of kidney disease.
   Ask: “What are my blood pressure and my urine protein doing over time?”
Source: KDIGO 2024

7. Referral question - when a kidney specialist should be involved.
   Ask: “At what point would you refer me to a nephrologist?”
Source: KDIGO 2024

The four questions about your results

- What is my number? the actual value, written down.
- What was it last time? the trend matters more than one result.
- What is my target, and why that one? targets are individual.
- If it is off, what happens next? the plan, the interval, the reason.

RED FLAGS

Seek care now, not later, for: chest pain - trouble breathing - very high blood pressure with symptoms - passing little or no urine - confusion - sudden change in vision.

General information, not medical advice. It does not replace your doctor. Sources are named so you can check them yourself.