

<b>Guidelines for Diabetes with CKD 2015</b>	
<b>GFR (mL/min/1.73 m<sup>2</sup>)</b>	<b>Recommended management</b>
All patients	Yearly measurement of creatinine, urinary albumin excretion, potassium
45–60	Referral to a nephrologist if possibility for nondiabetic kidney disease exists (duration of type 1 diabetes <10 years, persistent albuminuria, abnormal findings on renal ultrasound, resistant hypertension, rapid fall in GFR, or active urinary sediment on ultrasound)
	Consider the need for dose adjustment of medications
	Monitor eGFR every 6 months
	Monitor electrolytes, bicarbonate, hemoglobin, calcium, phosphorus, parathyroid hormone at least yearly
	Assure vitamin D sufficiency
	Consider bone density testing
	Referral for dietary counseling
30–44	Monitor eGFR every 3 months
	Monitor electrolytes, bicarbonate, calcium, phosphorus, parathyroid hormone, hemoglobin, albumin, weight every 3–6 months
	Consider the need for dose adjustment of medications
<30	Referral to a nephrologist