“30-20-10”: A Guide to Treatment of Later Stage CKD Patients

At GFR of 30
- Initiate education program on treatment options, need for permanent access
- PCP initiate referral to nephrologist if not done earlier when CKD identified
- Patients wear Save the Vein bracelet on non-dominant arm

At GFR of 20
- Strongly consider placement of permanent access (AVF preferred) for all patients electing hemodialysis
- Referral to a qualified vascular surgeon (ie: good outcomes) for bilateral vein mapping and access placement

At GFR of 10
- A mature AV Fistula (or a PD catheter) should be in place and functional for initiation of dialysis treatment

Timely referral to a nephrologist is key to managing patients with Stage 3 and 4 Chronic Kidney Disease. Research studies show patients that are seen by a nephrologist for co-management with their primary care provider are able to lengthen the time before they have to start dialysis and have better outcomes once they are on dialysis.

But knowing when to make that referral to a nephrologist is a common problem. Hemodialysis Access Failure: A Call to Action – Revisited by Hakim and Himmelfarb recommends the following guiding algorithm for referral to a nephrologist and for planning and placement of permanent access: “30-20-10”

Remember! An AV Fistula is the gold standard for hemodialysis access, but less than half the patients in Missouri have an AVF in place when they start dialysis. Now is the time to take the steps above to make sure your patients have the best outcomes possible as they face the difficult decisions associated with Stage 5 (end-stage) CKD.