Documenting Renal Failure

**Renal Insufficiency**

- Based on a review of the available information, the documentation of acute renal insufficiency seems appropriate if you are not able to classify it as acute renal injury or acute renal failure using the guidelines on page 2 of this booklet and the condition or change is new or less than 4 weeks in duration.

- If the change in renal function is chronic (lasting longer than three months), it should be staged using the National Kidney Foundation guidelines on page 3 of this booklet. Documentation of chronic renal insufficiency does not seem to be appropriate based on a review of the literature.

Your professional expertise and clinical judgment is the final word.

**Remember to:**

1. Document what you are treating.
2. Treat what you are documenting
3. Stage or classify conditions whenever possible based on recognized guidelines and standards.
4. Don’t forget to document any underlying conditions or suspected causes.

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**Table 5: Stages of chronic kidney disease and clinical action plans**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
<th>GFR</th>
<th>Clinical Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kidney damage with normal or elevated GFR</td>
<td>≥90</td>
<td>Diagnosis and treatment, slow progression, CVD risk reduction</td>
</tr>
<tr>
<td>2</td>
<td>Moderate decrease in GFR</td>
<td>30-59</td>
<td>Evaluating and treating complications</td>
</tr>
<tr>
<td>3</td>
<td>Severe decrease in GFR</td>
<td>15-29</td>
<td>Preparing for kidney replacement therapy</td>
</tr>
<tr>
<td>4</td>
<td>Kidney failure</td>
<td>&lt;15</td>
<td>Kidney replacement therapy (if uremia present and life-saving)</td>
</tr>
</tbody>
</table>

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**References:**

1. KDOQI Clinical Practice Guidelines for Chronic Kidney Disease: Evaluation, Classification and Stratification. [http://www.kidney.org/professionals/kdoqi/guidelines_ckd/p4_class_g1.htm](http://www.kidney.org/professionals/kdoqi/guidelines_ckd/p4_class_g1.htm)