

Laboratory Bulletin

Date: January 7th, 2016

To: North, South and Central Zones – Laboratory Directors, Managers, Supervisors,

Physicians and Allied Health Care Professionals

From: AHS Laboratory Services

Re: Random Urine Albumin Reporting Changes

PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE

Key Messages:

- The Alberta Kidney Strategic Clinical Network and AHS have developed a web-based clinical pathway tool
 to provide direction for the diagnosis, management and referral of adults with chronic kidney disease
 (CKD). The recommendations are based on the Kidney Disease Improving Global Outcomes (KDIGO)
 Clinical Practice Guideline for the evaluation and management of CKD (2012).
- Effective in January 26th, 2016 Central, South, North Zone and Medicine Hat Diagnostic Laboratory the following changes will occur:
 - o The term Urine Albumin will replace Microalbumin on random urine reports
 - All Random Urine Albumin orders reporting quantitative values will report the following:

| Test | Units | Reference Interval | |
|--------------------------------------|---------|---|--|
| Urine Albumin | mg/L | None | |
| Urine Creatinine | mmol/L | None | |
| Urine Albumin/Creatinine Ratio (ACR) | mg/mmol | <1 month: <17.50 1 mo - 2 yrs: <4.00 > 2 years: <3.00 | |

 For both quantitative and semi-quantitative methods the following comment will attach to all adults 18 years of age and older with an ACR greater than or equal to 3.00 mg/mmol:

"eGFR <60 mL/min/1.73m² or urine Albumin/creatinine ratio ≥3.00 mg/mmol for more than 3 months suggests chronic kidney disease. For information on diagnosis, management and referral see www.diagnoseckd.ca."

- o No reference interval will be reported with random urine Albumin or Creatinine results due to the significant diurnal variations and the following comment will attach:
 - "No reference interval for random specimens due to the significant diurnal variation"
- o Meditech order code changes for Random Urine Albumin:

| Meditech Ring | New Code | Codes no longer orderable | | |
|----------------------|-----------|---------------------------|----------|-----------|
| Aspen (ARH) | ALBURR | MALBURR | MALBCRER | MALBURRRO |
| Chinook (CHR) | ALBURR | MALBURRG | | |
| David Thompson (DTH) | ALBURR | MALBURRG | | |
| East Central (ECH) | ALBCRERSQ | MALBCRERSQ1 | | |
| Peace Country (PCH) | ALBURR | MALBURRG | | |
| Palliser (PHR) | ALBURR | MALBURRG | | |



Why this is important:

 Clinical pathways are an effective tool to translate guidelines into practice to optimize care for patients with CKD. Flagging abnormal ACR results and providing the URL on the lab report facilitates the use of this tool.

Inquiries and feedback may be directed to:

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This bulletin has been reviewed and approved by:

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