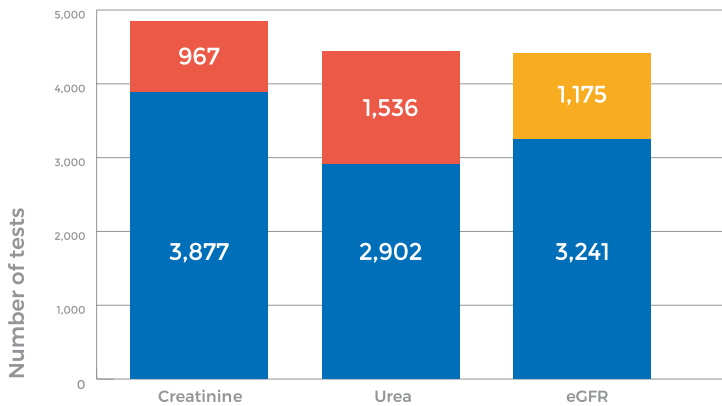


Blood Urea Testing by Nurse Practitioners in Newfoundland and Labrador

Practice Points

1. Blood urea provides a measure of kidney function, but it is not needed to evaluate stable kidney function.
2. Serum creatinine and estimated GFR (eGFR) is sufficient to evaluate stable kidney function: if you order a serum creatinine for this purpose, a blood urea is not necessary.
3. In acute kidney injury blood urea may be useful to assess the cause. Urea that is disproportionately high compared to the rise in creatinine may be seen in conditions where there is volume depletion, hypercatabolism or bleeding into the upper GI tract.

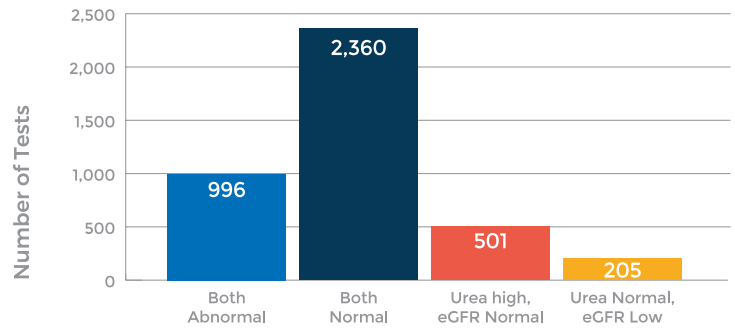
Creatinine, eGFR and Urea Test Results, 1 April 2015 – 31 March 2016



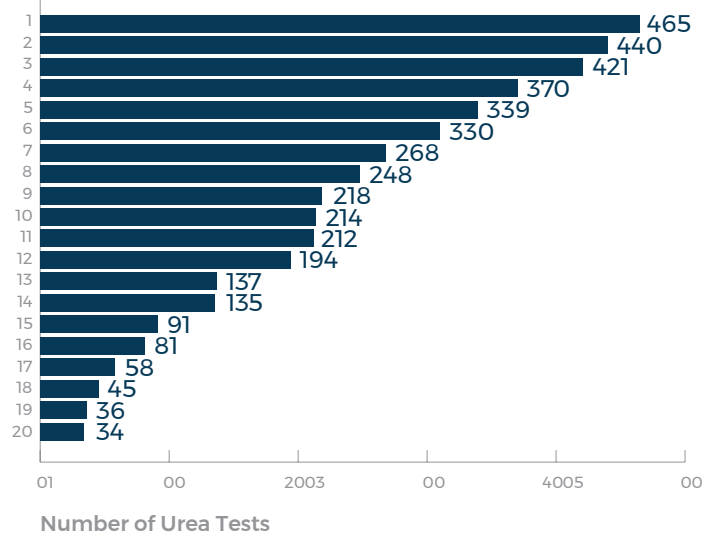
Abnormals	Percentage	Normal Low High
B Urea > 7	34.6%	
Sr. Creatinine High	19.9%	
eGFR <60 ml/min	26.6%	

eGFR vs Urea

11 Apr 2015 – 31 Mar 2016



Top 20 Nursing Practitioners by Volume of Blood Urea Test



Conclusions

1. Blood urea testing is usually redundant when kidney function is being assessed in stable out-patients.
2. As both community and hospital based Nurse Practitioners are included in these analyses, appropriateness of ordering is dependant upon whether patients are clinically stable or not.