

Reference Keys

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NOMENCLATURE AND DESCRIPTION FOR RATING GUIDELINE RECOMMENDATIONS

Within each recommendation, the strength of recommendation is indicated as **Level 1**, **Level 2**, or **Not Graded**, and the quality of the supporting evidence is shown as **A**, **B**, **C**, or **D**.

| Grade* | Implications | | |
|----------------------------------|--|---|---|
| | Patients | Clinicians | Policy |
| Level 1 "We recommend" | Most people in your situation would want the recommended course of action and only a small proportion would not. | Most patients should receive the recommended course of action. | The recommendation can be evaluated as a candidate for developing a policy or a performance measure. |
| Level 2 "We suggest" | The majority of people in your situation would want the recommended course of action, but many would not. | Different choices will be appropriate for different patients. Each patient needs help to arrive at a management decision consistent with her or his values and preferences. | The recommendation is likely to require substantial debate and involvement of stakeholders before policy can be determined. |

*The additional category "Not Graded" was used, typically, to provide guidance based on common sense or where the topic does not allow adequate application of evidence. The most common examples include recommendations regarding monitoring intervals, counseling, and referral to other clinical specialists. The ungraded recommendations are generally written as simple declarative statements, but are not meant to be interpreted as being stronger recommendations than Level 1 or 2 recommendations.

| Grade | Quality of evidence | Meaning |
|----------|---------------------|---|
| A | High | We are confident that the true effect lies close to that of the estimate of the effect. |
| B | Moderate | The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different. |
| C | Low | The true effect may be substantially different from the estimate of the effect. |
| D | Very low | The estimate of effect is very uncertain, and often will be far from the truth. |

CONVERSION FACTORS OF METRIC UNITS TO SI UNITS

| Parameter | Metric units | Conversion factor | SI units |
|----------------------------|--------------|-------------------|----------|
| Amikacin (serum, plasma) | µg/ml | 1.708 | µmol/l |
| Blood urea nitrogen | mg/dl | 0.357 | mmol/l |
| Calcium, ionized (serum) | mg/dl | 0.25 | mmol/l |
| Creatinine (serum) | mg/dl | 88.4 | µmol/l |
| Creatinine clearance | ml/min | 0.01667 | ml/s |
| Gentamicin (serum) | µg/ml | 2.09 | µmol/l |
| Glucose | mg/dl | 0.0555 | mmol/l |
| Lactate (plasma) | mg/dl | 0.111 | mmol/l |
| Tobramycin (serum, plasma) | µg/ml | 2.139 | µmol/l |
| Urea (plasma) | mg/ml | 0.167 | mmol/l |

Note: Metric unit × conversion factor = SI unit.