

Laboratory standard—upper limit of normal range for microalbumin, albumin/creatinine ratio N[NN].N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Microalbumin level—upper limit of normal range (albumin/creatinine ratio)
Synonymous names:	Albumin/creatinine ratio
METEOR identifier:	270344
Registration status:	<ul style="list-style-type: none">• Health, Standard 01/03/2005
Definition:	The laboratory standard for the value of microalbumin measured as an albumin/creatinine ratio that is the upper boundary of the normal reference range.
Data Element Concept:	Laboratory standard—upper limit of normal range for microalbumin

Value domain attributes

Representational attributes

Representation class:	Ratio				
Data type:	Number				
Format:	N[NN].N				
Maximum character length:	4				
Supplementary values:	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>999.9</td><td>Not stated/inadequately described</td></tr></tbody></table>	Value	Meaning	999.9	Not stated/inadequately described
Value	Meaning				
999.9	Not stated/inadequately described				
Unit of measure:	Milligram per millimole (mg/mmol)				
Unit of measure precision:	1				

Data element attributes

Collection and usage attributes

Guide for use:	Record the upper limit of the microalbumin normal reference range for the laboratory.
Collection methods:	<p>Microalbumin is not detected by reagent strips for urinary proteins, and requires immunoassay.</p> <p>Measurement of microalbumin levels should be carried out by laboratories, or practices, which have been accredited to perform these tests by the National Association of Testing Authority.</p> <p>As urinary albumin varies with posture and exercise it is important to collect the urine under very standard conditions; short-term (2 hours) during rest, overnight (approximately 8 hours) or an early morning sample. For screening purposes an early morning urine specimen is adequate and if the albumin/creatinine ratio is found to be greater than 3.5mg/mmol then a timed overnight sample should be obtained for estimation of the albumin excretion rate.</p>


Source and reference attributes


Submitting organisation: National Diabetes Data Working Group

Origin: National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary.

Relational attributes

Related metadata references:

Supersedes  [Microalbumin - units, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (16.3 KB) *No registration status*

Supersedes  [Microalbumin - upper limit of normal range, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (15.8 KB) *No registration status*

Has been superseded by [Laboratory standard—upper limit of normal range for microalbumin, albumin/creatinine ratio \(ACR\) result code N](#)

- [Health](#), Recorded 02/03/2017

See also [Person—microalbumin level \(measured\), albumin/creatinine ratio N\[NN\].N](#)

- [Health](#), Standard 01/03/2005

DSS specific information:

Microalbuminuria is a strong predictor of macrovascular disease and diabetic nephropathy. Incipient diabetic nephropathy can be detected by urine testing for microalbumin. Incipient diabetic nephropathy is suspected when microalbuminuria is detected in 2 of 3 samples collected over a 6-month period in patients in whom other causes of an increased urinary albumin excretion have been excluded.

Diagnosis of microalbuminuria is established if 2 of the 3 measurements are abnormal. A small amount of protein (albumin) in the urine (microalbuminuria) is an early sign of kidney damage.

If microalbuminuria is present:

- review diabetes control and improve if necessary
- consider treatment with Angiotensin-converting enzyme (ACE) inhibitor
- consider referral to a physician experienced in the care of diabetic renal disease

If macroalbuminuria is present:

- quantitate albuminuria by measuring 24-hour urinary protein.
- refer to a physician experienced in the care of diabetic renal disease.

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