



# Renal

## Outpatient Referral Guideline

Please use this guide to complete the appropriate tests so patients can be accurately triaged within the **RENAL** Outpatients Department. Referral should include complete patient/family history relevant to the patient's condition or complaint.

**All investigation results are to accompany the patient referral when sent to RENAL outpatients department. Tests results should be dated within three (3) months of referral date.**

### Indications for referral to a Nephrologist

ANYONE with
eGFR <30mL/min/1.73m <sup>2</sup>
Unexplained decline in kidney function (>15% drop in eGFR over 3 months)
Proteinuria >1g/24hrs
Glomerular haematuria (particularly if proteinuria present)
CKD and hypertension that is hard to get to target
Diabetes with eGFR < 60mL/min/1.73m <sup>2</sup>
Unexplained anaemia (Hb<100g/L) with eGFR <60mL/min/1.73m <sup>2</sup> and falling over 3mth period

**IMMEDIATE REFERRAL - Anyone with an acute presentation and signs of acute nephritis should be regarded as a medical emergency and referred without delay**

Who does not usually need to be referred to Nephrologist?	
CKD STAGE 2	CKD STAGE 3
Stable eGFR 60-89mL / min / 1.73m <sup>2</sup>	Stable eGFR 30-60mL / min / 1.73m <sup>2</sup>
Minor proteinuria (<0.5g / 24hrs with no haematuria)	Minor proteinuria (<0.5g / 24hrs with no haematuria)
Controlled blood pressure	Controlled blood pressure
<b>Do not refer to a Nephrologist if targets of therapy are achieved</b>	
<b>• Pay attention to CVd risk reduction • monitor 3-6 months • Use ACE inhibitors / ARBs monthly</b>	

The decision to refer or not must always be individualised, and particularly in younger patients where indicator for referral may be less stringent (e.g. minor proteinuria)

Information needed for referral		
<ul style="list-style-type: none"> <li>General medical history</li> <li>Urinary symptoms</li> <li>Medication</li> <li>Examination, e.g. BP, oedema, palpable bladder or other positive findings</li> <li>Mid stream urine – microscopy, culture and sensitivity</li> </ul>	<ul style="list-style-type: none"> <li>Urine protein/creatinine ratio, if proteinuria present – early morning urine (EMU) preferable (in diabetes, result of urine albumin/ creatinine ratio if dipstick proteinuria negative) + 24 hours urine – creatinine clearance and protein excretion</li> </ul>	<ul style="list-style-type: none"> <li>FBE and ESR</li> <li>Serum creatinine, sodium, potassium, albumin, calcium, phosphate, cholesterol</li> <li>HbA1C (in diabetes)</li> <li>All previous serum creatinine results with dates</li> <li>Result of renal ultrasound scan</li> </ul>
<b>Please provide a BMI for your patient when referring</b>		

<b>Enquiries</b>	Monday to Friday, 9am to 4pm	
<b>Phone:</b>	(07) 4325 6903	Hervey Bay and Maryborough Hospitals
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