AlfredHealth

REFERRAL GUIDELINES: RENAL MEDICINE

Essential Referral Content

Demographic	Clinical
• Date of birth	• Reason for referral
• Contact details (including mobile phone)	• Duration of symptoms
• Referring GP details	• Relevant pathology & imaging reports
• Interpreter requirements	• Past medical history
• Medicare number	• Current medications

The Alfred Outpatient Referral Form is available to print and fax to the Outpatient Department on 9076 6938

Exclusion Criteria

The following conditions are not routinely seen at the Alfred:

- Patients who are being treated for the same condition at another Victorian public hospital
- Children under 16 years of age

REFERRAL PROCESS: RENAL MEDICINE

STEP 1

You will be notified when your referral is received by outpatients.

Essential referral content will be checked. You will be contacted if further information is required.

STEP 2

The referral is triaged by the specialist unit according to clinical urgency.

This determines how long the patient will have to wait for an appointment.

STEP 3

Patients with **urgent** conditions are scheduled to be seen within 30 days. Patients with **routine** conditions are given the next available appointment according to clinical need.

Both the GP and patient are notified.

Some clinics offer an MBS-billed service. **There is no out of pocket expense to the patient.** MBS-billed services require a current referral to a named specialist– please provide your patient with a **12 month referral addressed to the specialist of your choice.** Further information regarding the specialists attending the Renal Medicine clinic is available here
Please note that your patient may be seen by another specialist in that clinic, in order to expedite their treatment.

Please note: The times to assessment may vary depending on size and staffing of the hospital department.

If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient's condition, please contact the Renal Registrar on call on 9076 2000.

The Alfred gratefully acknowledges the assistance of the Canterbury and District Health Board in New Zealand in developing these guidelines.
They are intended as a guide only and have been developed in conjunction with the Heads of Unit of The Alfred.

Date Issued: March 2006
Last Reviewed: June 2013

AlfredHealth

REFERRAL PRIORITY: RENAL MEDICINE

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which that the patient is offered an appointment.

Referral Priority	Appointment Timeframe
Urgent	Within 30 days
Routine	Greater than 30 days depending on clinical need

IMMEDIATE **Direct to the Emergency &**	**URGENT**	**ROUTINE**
• Severe hyperkalemia • Kidney transplant recipients with intercurrent illness • Major metabolic disturbance (hyperkalaemia or severe acidosis) • Chronis dialysis patients with intercurrent illness • Macroscopic haematuria of glomerular origin • Upper urinary tract infections (pyelonephritis)	• Rapidly rising creatinine or acute renal insufficiency	
Phone the Renal Registrar on call on 9076 2000 and/or send to The Alfred Emergency & Trauma Centre.	Urgent cases must be discussed with the Renal Registrar on call to obtain appropriate prioritisation and a referral letter faxed to 9076 6938.	Fax referral to 9076 6938

If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient's condition, please contact the Renal Registrar on call on 9076 2000.

AlfredHealth

Referral Guideline Contents

Renal Diseases

Acute renal insufficiency

Rising serum creatinine

Chronic kidney disease

Microscopic haematuria

Macroscopic haematuria of glomerular origin (Nephritic syndromes)

Proteinuria & nephrotic syndrome

Uncontrolled or poorly controlled hypertension

Drug induced renal disease

Urinary tract infection (upper & lower tract)

- recurrent

- unresponsive to treatment

Renal calculi

- recurrent

ACUTE RENAL INSUFFICIENCY (Acute Kidney Injury - AKI)

Evaluation	Referral Guidelines
– Clinical history of hypertension, diabetes, vascular disease, chronic kidney disease – Family history of chronic kidney disease – Record of medications (potentially nephrotoxic agents) – Record of previous urinalysis and biochemistry if available – U+E/Creatinine and eGFR – Spot Urine for Alb/Creatinine ratio – MSU for evaluation of urinary sediment – Renal tract ultrasound very helpful as part of initial work-up	Patients with ***rapidly rising creatinine*** or acute renal insufficiency require urgent assessment. Severe ***hyperkalemia*** requires urgent intervention in Emergency & Trauma Centre. Kidney transplant recipients with intercurrent illness often require urgent assessment and hospitalisation. An on-call Renal Registrar is available 24 hours a day through the Alfred Hospital switchboard, 9076 2000, to discuss urgent patients with kidney disease.

RISING SERUM CREATININE

Evaluation	Referral Guidelines
– Clinical history of hypertension, diabetes, vascular disease, chronic kidney disease – Family history of chronic kidney disease – Record of medications (potentially nephrotoxic agents) – Record of previous urinalysis and biochemistry if available – U+E/Creatinine and eGFR – Spot Urine for Alb/Creatinine ratio – MSU for evaluation of urinary sediment – Renal tract ultrasound very helpful as part of initial work-up	Patients with ***rapidly rising creatinine*** or acute renal insufficiency (AKI) require urgent assessment as above. Severe ***hyperkalemia*** requires urgent intervention in Emergency & Trauma Centre. Kidney transplant recipients with intercurrent illness often require urgent assessment and hospitalisation. An on-call Renal Registrar is available 24 hours a day through the Alfred Hospital switchboard, 9076 2000, to discuss urgent patients with kidney disease.

AlfredHealth

CHRONIC KIDNEY DISEASE

Evaluation	Referral Guidelines
– Clinical history of hypertension, diabetes, vascular disease, kidney disease – Family history of chronic kidney disease – Record of previous urinalysis and biochemistry if available – U+E/Creatinine and eGFR – Spot Urine for Alb/Creatinine ratio – MSU for evaluation of urinary sediment – Renal tract ultrasound very helpful as part of initial work-up	Chronic kidney disease is often asymptomatic until very advanced. Major metabolic disturbance (hyperkalaemia or severe acidosis) may require urgent evaluation in the Emergency & Trauma Centre. Chronis dialysis patients with intercurrent illness often require urgent assessment and hospitalisation. Kidney transplant recipients with intercurrent illness often require urgent assessment and hospitalisation. An on-call Renal Registrar is available 24 hours a day through the Alfred Hospital switchboard, 9076 2000, to discuss urgent patients with kidney disease.

MICROSCOPIC HAEMATURIA

Evaluation	Referral Guidelines
– Clinical history of hypertension, diabetes, vascular disease, chronic kidney disease – Family history of chronic kidney disease – Record of previous urinalysis and biochemistry if available – U+E/Creatinine and eGFR – Spot Urine for Alb/Creatinine ratio – MSU for evaluation of urinary sediment – Renal tract ultrasound very helpful as part of initial work-up	

MACROSCOPIC HAEMATURIA OF GLOMERULAR ORIGIN (Nephritic syndrome)

Evaluation	Referral Guidelines
– Clinical history of hypertension, diabetes, vascular disease, chronic kidney disease – Family history of chronic kidney disease – Record of previous urinalysis and biochemistry if available – U+E/Creatinine and eGFR – Spot Urine for Alb/Creatinine ratio – MSU for evaluation of urinary sediment – Renal tract ultrasound very helpful as part of initial work-up	***Macroscopic haematuria of glomerular origin is a potential medical emergency.*** An on-call Renal Registrar is available 24 hours a day through the Alfred Hospital switchboard, 9076 2000, to discuss urgent patients with kidney disease.

AlfredHealth

PROTEINURIA & NEPHROTIC SYNDROME

Evaluation	Referral Guidelines
– Clinical history of hypertension, diabetes, vascular disease, chronic kidney disease – Family history of chronic kidney disease – Record of previous urinalysis and biochemistry if available – U+E/Creatinine and eGFR – Spot Urine for Alb/Creatinine ratio – MSU for evaluation of urinary sediment – Renal tract ultrasound very helpful as part of initial work-up	

UNCONTROLLED & POORLY CONTROLLED HYPERTENSION

Evaluation	Referral Guidelines
– Clinical history of hypertension, diabetes, vascular disease, chronic kidney disease – Family history of chronic kidney disease and hypertension – Record of previous urinalysis and biochemistry if available – U+E/Creatinine and eGFR – Spot Urine for Alb/Creatinine ratio – MSU for evaluation of urinary sediment – Renal tract ultrasound very helpful as part of initial work-up	

DRUG INDUCED RENAL DISEASE

Evaluation	Referral Guidelines
– Clinical history of hypertension, diabetes, vascular disease, chronic kidney disease, drug exposure – Family history of chronic kidney disease – Record of previous urinalysis and biochemistry if available – U+E/Creatinine and eGFR – Spot Urine for Alb/Creatinine ratio – MSU for evaluation of urinary sediment – Renal tract ultrasound very helpful as part of initial work-up	

AlfredHealth

URINARY TRACT INFECTION (UPPER & LOWER)

Recurrent / Unresponsive to treatment

Evaluation	Referral Guidelines
– Clinical history of hypertension, diabetes, vascular disease, chronic kidney disease – Family history of chronic kidney disease – Record of previous urinalysis and biochemistry if available – U+E/Creatinine and eGFR – Spot Urine for Alb/Creatinine ratio – MSU for evaluation of urinary sediment – Renal tract ultrasound very helpful as part of initial work-up	***Upper urinary tract infections (pyelonephritis) usually require urgent assessment and almost invariably hospitalisation.*** An on-call Renal Registrar is available 24 hours a day through the Alfred Hospital switchboard, 9076 2000, to discuss urgent patients with kidney disease.

RENAL CALCULI

Recurrent

Evaluation	Referral Guidelines
– Clinical history of hypertension, diabetes, vascular disease, chronic kidney disease – Family history of chronic kidney disease – Record of previous urinalysis and biochemistry if available – Record of any previous calculus biochemistry if available – U+E/Creatinine and eGFR – Spot Urine for Alb/Creatinine ratio – MSU for evaluation of urinary sediment – Renal tract ultrasound very helpful as part of initial work-up	