Taranaki DHB - RENAL REFERRALS (2011/2012)

CHECKLIST (attach to referrals) Date: _____

Patient name and details (or name label)

Stage 1 **Known to renal services?** yes / no **Known / Suspected diagnosis**

If Yes (date last seen)? _____ _____

Stage 2 **CONFIRM THE PRESENCE OF RENAL FAILURE** *Primary care*

Elevated Creatinine on at least three separate occasions more then 1 week apart

Date-->	*Creatinine*	*Date-->*	*Creatinine*	*Date-->*	*Creatinine*
ie Feb 2011	*umol/l*		*umol/l*		*umol/l*

Latest eGFR _____ *in mls/min/1.73 m2 BSA*

Stage 3 **BASIC WORKUP AND EVALUATION** *Primary care*

a Any systemic diseases contributory to renal failure Comments

Diabetes on treatment Yes / No _____
Treated Hypertension Yes / No _____
CVD disease (strokes/IHD) Yes / No _____
Peripheral Vasc disease Yes / No _____
Connective Tissue Disorders(SLE, Sjogrens) Yes / No _____
History of renal disease (ADPKD ect.) Yes / No _____
Other Yes/No _____

b Any medication that may be nephrotoxic

ACEi / ARB Yes/No _____
NSAID use Yes/No _____
Other Yes/No _____

(Full medication list and allergies on GP letter normally)

c Any abnormalities on physical examination and urine analysis?

BP, murmurs, renal bruits and urine disptix are most important

BP	U-dipstix result--->	***Leucocytes***	***Blood***	***Protein***	***U-PCR/ACR or 24 hr proteinuria***

d Basic blood tests (UEC, Ca, glucose, eGFR, K+, Albumin) USKUB not required

Results can be included in GP practise letter *(attach report if available)*

Stage 4 **Where and when to refer for specialist opinion** *Secondary care referral*

a **Immediate referral (Bleeper renal #510 or on-call Physician after hours)**

Malignant Hypertension, Hyperkalaemia (K>6.9 mmol/l) or eGFR<15 mls/min
Rapidly progressive renal failure (>50% rising Creatinine within days and weeks)
Suspected vasculitis (Urine blood and protein with HTN and rising Creatinine)

b **Urgent referral (will be seen within 4 weeks)**

Suspected systemic illness (ie SLE) with high creatinine +- rash +- abnormal U-dipstix
eGFR consistently less then 30 and patient not known to renal services
Nephrotic syndrome (low albumin<25, high U-PCR>300 and peripheral oedema)

c **Routine referrals (seen within 3 months)**

One MAIN criteria	**and at least**	**One MINOR criteria**
Proteinuria (PCr>100/ACR>45)		Indigenous with diabetes
		Microscopic haematuria
Persistent isolated haematuria (with normal urological work-up)	**AND**	Urine PCr >50 or ACR>30
		Anaemia Hb<110
		Abn K or Bic<18 or abn bone profile
eGFR 30 -45 mls/min		High BP despite 3 or more agents
		eGFR decline >15% in 2 months

d **Other referrals to nephrology (seen within 6 months/virtual consults)**

eGFR 30-45 mls/min without meeting Main and Minor criteria in C
eGFR >45 mls/min but abnormal urine dipstix (blood and u-protein PCR>50, ACR>30)
eGFR >45 mls/min but abnormal imaging (multiple cysts, single kidney ect.)
Renal stone disease (for long-term management and prevention of recurrence)

Dr Allister Williams and Dr Ashik Hayat - Consultant Nephrologists: Renal referral proforma Sept 11 - March 2012 (Referrals will only be accepted when accompanied by completed proforma. Thanks for your co-operation)