

St Vincent's hospital General Nephrology Outpatient clinic referral guidelines

All referral to St Vincent's Hospital outpatient clinic will be processed and triaged by a consultant nephrologist according to national guidelines. It is important that the correct clinical information is provided in the referral to facilitate appropriate and timely patient care. Patients will be notified of the referral outcome and an appointment arranged depending on urgency.

The following conditions require **urgent direct referral to the renal registrar** on-call (ph 9231 2211) and/or emergency department presentation:

- Kidney transplant recipients with intercurrent acute illness requiring inpatient treatment
- major metabolic disturbances (hyperkalaemia or severe acidosis)
- chronic dialysis patients with acute intercurrent illness requiring inpatient treatment
- upper urinary tract infections (pyelonephritis)
- rapidly rising creatinine in the setting of haematuria and proteinuria suggesting acute glomerulonephritis
- patients with acute nephrotic syndrome (heavy proteinuria with low serum albumin)

The following conditions require **urgent appointment** (within 30 days)

- stage 4 and 5 chronic kidney disease of any cause
 - o eGFR $<30\text{ml}/\text{min}/1.73\text{m}^2$ to assess suitability and allow planning for dialysis, transplantation or conservative care pathway
- accelerated progression of CKD
 - o a sustained decrease in eGFR of more than $25\text{ ml}/\text{min}/1.73\text{m}^2$ within a 12 month period, or
 - o a progressive decrease in eGFR of $15\text{ ml}/\text{min}/1.73\text{m}^2$ per year
- glomerular haematuria with microalbuminuria
- systemic illness or immunological disease with suspected renal involvement (e.g. lupus nephritis)

The following conditions require **routine appointment**

- progressive loss of kidney function
 - o a decline of eGFR $>10\text{ ml}/\text{min}/1.73\text{m}^2$ over 3 years or $>5\text{ ml}/\text{min}/1.73\text{m}^2$ in a 12 month period
- uncontrolled blood pressure despite 3 or more antihypertensive agents
- unexplained anaemia where other causes have been excluded
 - o Hb $<100\text{g}/\text{dl}$ in the setting of eGFR $<45\text{ ml}/\text{min}/1.73\text{m}^2$
- Follow up after a significant acute kidney injury
- persistent urine ACR elevation

- albuminuria (Urine ACR \geq 25mg/mmol for men and \geq 35mg/mmol for women) present on 2-3 urine specimens over a 3 month period)
- Recurrent renal stones that require metabolic assessment
 - Referrals for the management of all other renal calculi should be directed to a Urologist
- Genetic or autoimmune renal disease
- Management of dialysis patients
- Management of renal transplant patients

The following specific information is to be included in the referral

- clinical information
 - summary of medical history and comorbidities
 - current medications
 - allergies
 - reason for referral
 - examination findings
 - recent relevant investigations and results (see below)
 - relevant family history, social history, special needs, or communication issues
 - other providers involved
 - existence of an Advance Care Plan or My Health Record (and date last updated)
 - relevant details about the patient's ideas, concerns, and expectations for diagnoses and management
 - relevant details if what the patients has been told, esp. regarding diagnosis
- patient information
 - full name and name of a parent, guardian or carer (where applicable)
 - address and phone numbers including alternative contact details
 - date of birth
 - gender
 - Medicare number
 - health insurance details (where relevant)
 - if the patient identifies as Aboriginal or Torres Strait Islander
 - state if the patient is not an Australian resident
 - interpreter needs, including preferred language
 - mobility needs
- referrer's details
 - name, address and contact information
 - name of general practitioner, if different from referrer
 - provider number

- signature

The following investigations are required prior to referral

- blood tests
 - UEC, eGFR within the last 3 months with a trend over time
 - FBE, Calcium, phosphate
- urine tests (2 samples within the past 3 months)
 - albumin/creatinine ratio (ACR) or protein/creatinine ratio (PCR)
 - urine microscopy
- Imaging
 - Renal tract ultrasound (incl doppler of renal vessels if significant hypertension)
- Other investigations as indicated for stage of CKD
 - Vit B12/folate, iron, and myeloma studies (serum and urine protein electrophoresis) if anaemia
 - Calcium, phosphate, albumin, parathyroid hormone, vitamin D
 - Fasting lipids, HbA1c, uric acid, LFTs, TFT
 - Autoimmune serology as clinically indicated (ANA, ANCA, anti-GBM, ASOT, dsDNA, C3, C4)
 - 24 hr urine collection (creatinine clearance, protein excretion)

Note:

St Vincent's Hospital nephrology clinic do not accept referrals for children; please direct these referrals to the Royal Children's Hospital.

Patients with CKD at risk of needing renal replacement therapy or progression to symptomatic uraemia within 1-2 years will routinely have ongoing follow up in the nephrology outpatient clinic. CKD patients assessed as being low risk of progressing within 1-2 years will commonly be discharged back to the referring doctor with a management plan and criteria for referral back to clinic if their CKD progresses in the future.

For some patients 1-2 review appointments are sufficient, however a significant proportion of complex renal cases will require additional appointments.

General practitioners have a vital role in the care of patients with CKD. We encourage shared care between the general practitioner and the nephrologist. Please do not hesitate to contact our team if you require any additional support. An excellent resource for the management of kidney disease is available on the Kidney Health Australia website. "Chronic Kidney Disease (CKD) – Management in General Practice" booklet can be downloaded from <https://kidney.org.au/health-professionals/ckd-management-handbook>

If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient's condition, or if you require an urgent specialist opinion, please contact the Renal Registrar on call on 9231 2211.