

Please fax your referral to The Alfred Specialist Clinics on 9076 6938. [The Alfred Outpatient Referral Form](#) is available to print and fax. Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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

You will be notified when your referral is received. Your referral may be declined if it does not contain essential information required for triage, or if the condition is not appropriate for referral to a public hospital, or is a condition not routinely seen at Alfred Health.

**The following conditions are not routinely seen at Alfred Health:**

- Patients who are being treated for the same condition at another Victorian public hospital
- Children under 18 years of age

- **Key investigations for all renal disease include urine ACR, MSU MC&S, UEC, serum albumin, and renal USS.**
- **Recent and past recordings of renal function, and any previous proteinuria estimations or MSUs are very helpful.**
- **Drug and family history are also very helpful.**

### **COVID-19 Impact — Specialist Clinics May 2020**

As part of Alfred Health's COVID-19 response plan, significant changes have been made to Specialist Clinic (Outpatient) services. All referrals received will be triaged; however, if your patient's care is assessed as not requiring an appointment within the next three months, the referral may be declined.

Where possible, care will be delivered via telehealth (phone or video consultation).

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. Please note that your patient may be seen by another specialist in that clinic in order to expedite his or her treatment.

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, or if you require an urgent specialist opinion, please contact the Renal Registrar on call on 9076 2000.**

Please include in your referral:

<p><b>Demographic details:</b></p> <ul style="list-style-type: none"><li>• Date of birth</li><li>• Patient's contact details including mobile phone number</li><li>• Referring GP details</li><li>• If an interpreter is required</li><li>• Medicare number</li></ul>	<p><b>Clinical information:</b></p> <ul style="list-style-type: none"><li>• Reason for referral</li><li>• Duration of symptoms</li><li>• Past medical history</li><li>• Current medications</li><li>• Past renal investigations if available</li><li>• <b>Renal investigations: MSU, MC&amp;S, UEC, Ca/Mg/PO<sub>4</sub>, urinary Albumin: Creatinine ratio, renal USS</b></li></ul>
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## Acute kidney insufficiency (AKI) / rising creatinine

### Direct to the Emergency Department for:

- Severe hyperkalaemia
- Kidney transplant recipients with intercurrent illness
- Major metabolic disturbance (hyperkalaemia or severe acidosis)

### Immediately contact the renal registrar on 9076 2000 to arrange an urgent renal assessment for:

- Patients with rapidly rising creatinine or acute renal insufficiency

An on-call Renal registrar is available 24 hours a day through the Alfred switchboard (9076 2000), to discuss urgent patients with kidney disease.

## Evaluation

### Key Points:

- 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.

### Additional information:

Please include the essential [demographic details and clinical information](#) in the referral. Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Chronic kidney disease

### Direct to the Emergency Department for:

- Major metabolic disturbance (hyperkalaemia or severe acidosis).
- Chronic 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 switchboard (9076 2000), to discuss urgent patients with kidney disease

### Evaluation

#### Key Points:

- Chronic kidney disease is often asymptomatic until very advanced

#### Investigations:

- 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
- Iron studies, PTH, PO<sub>4</sub>,/Mg/Ca may be useful
- Spot urine for Alb/Creatinine ratio
- MSU for evaluation of urinary sediment
- Renal tract ultrasound very helpful as part of initial work-up.

#### Additional information:

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**Common renal issues:**

- **Microscopic haematuria for investigation**
- **Proteinuria for investigation**
- **Nephrotic syndrome**
- **Possible drug induced kidney disease**

**Evaluation**

**Key Points:**

- 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.

**Additional information:**

Please include the essential [demographic details and clinical information](#) in the referral.

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## Macroscopic haematuria

### Direct to the Emergency Department.

- Macroscopic haematuria of glomerular origin is a potential medical emergency.

If renal function is normal and there is no proteinuria, consider investigation for UTI (MSU, MC&S), urine cytology, urinary tract imaging and referral to Urology.

**An on-call Renal registrar is available 24 hours a day through the Alfred switchboard (9076 2000), to discuss urgent patients with kidney disease**

### Evaluation

#### Key Points:

- 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.
- If renal function is normal and there is no proteinuria, consider investigation for UTI (MSU, MC&S), urine cytology, urinary tract imaging and referral to Urology.

#### Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

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## Uncontrolled or poorly controlled hypertension

### Evaluation

#### Key Points:

- 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 with Doppler USS (to assess for renal artery stenosis) is very helpful in the initial work-up
- Assessment for end organ damage (referral to optometrist for eye examination, echocardiogram) may also be useful

#### Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

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## Urinary tract infection (upper or lower urinary tract)

- Recurrent
- Unresponsive to treatment

**Immediately contact the renal registrar on 9076 2000 to arrange an urgent renal assessment for:**

- 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 switchboard (9076 2000), to discuss urgent patients with kidney disease**

## Evaluation

### Key Points:

- Clinical history of hypertension, diabetes, vascular disease, chronic kidney disease
- Family history of chronic kidney disease
- MSU, MC&S.
- Previous MSU, MC&S results and any antibiotics used to treat is very helpful
- 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.

### Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

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## Recurrent renal stones

### Evaluation

#### Key Points:

- Clinical history of hypertension, diabetes, vascular disease, chronic kidney disease
- Family history of chronic kidney disease and/or calculi
- Record of previous urinalysis and biochemistry if available
- Record of any previous calculus biochemistry
- 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.
- Any analysis of stones previously performed
- Any previous 24 hour urine collection results

#### Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

**Acute stone issues (pain, hydronephrosis related to stones etc.) are best referred to Urology, but the Renal Service may undertake assessment of underlying causes related to recurrent renal stones.**

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