Specialist Clinic Referral Guidelines
RENAL

If there is a concern about the delay of the appointment, or any deterioration in the patient's condition, please send an updated referral with additional information.

If the patient's care needs have become urgent, please call the unit registrar on call on 9076 2000.

To refer your patient to Specialist Outpatient Renal clinics

Please send your referral to Alfred Specialist Clinics via **ConsultMed eReferral.** To log in or create a free Consultmed account click here.

Alfred Health's preference is for all referrers to utilise eReferral; however, referrals can be sent via fax to (03) 9076 6938, or email to op.referrals@alfred.org.au whilst we transition our services to this secure platform.

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

Please note a referral may be declined if it does not contain essential information required for triage, if the condition is not appropriate for referral to a public hospital, or is a condition not routinely seen at Alfred Health.

The clinical information provided in the referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment. Waiting times to scheduled appointments vary across clinics and are impacted by factors including clinic demand, capacity and staffing. You can view waiting times to scheduled appointments for urgent and routine referrals here.

The following conditions are not routinely seen in Renal Clinics at Alfred Health:

- Patients who are being treated for the same condition at another Victorian public hospital
- Children under 18 years of age
- Urinary obstruction, renal colic (refer to Urology)
- Uncomplicated kidney stones
  Exceptions are recurrent/complex stones requiring metabolic evaluation for underlying cause.
- Renal masses requiring evaluation to exclude malignancy (refer to Urology)
  Exception is suspected polycystic kidney disease (refer to Renal).

Conditions requiring urgent referral:

Emergency Department Referral:

- Major metabolic disturbance (hyperkalaemia)
- Acute kidney injury: rapid decline in eGFR (> 25% in days-weeks)

Contact Renal Registrar (ph 9076 2000):

- Kidney transplant patients with intercurrent illness
- Dialysis patients with intercurrent illness requiring inpatient treatment
- Suspected acute glomerulonephritis (rising creatinine with haematuria and proteinuria, oliguria, acute hypertension)
- Acute nephrotic syndrome (oedema, heavy proteinuria [i.e. urine ACR > 220mg/mmol], low serum albumin)

Indications for URGENT outpatient review (appointment < 30 days):

- **Severe or rapidly progressive CKD** (eGFR < 20 ml/min/1.73m2)
- **High-risk glomerulonephritis**
- **Symptomatic nephrotic syndrome**

Please include in your referral:

Demographic details: • Date of birth • Patient's contact details including mobile phone number • Referring GP details • If an interpreter is required • Medicare number	**Clinical information:** • Reason for referral • Duration of symptoms • Past medical history (in particular diabetes, hypertension, vascular disease) • Current medications • Blood pressure readings • Smoking status • **Required investigations for all referrals:** serum urea/electrolytes/creatinine (UEC), calcium/magnesium/phosphate (CMP), serum albumin, full blood examination (FBE), spot urine albumin/creatinine ratio (ACR), urine microscopy & culture (MSU MC&S), and renal tract ultrasound (USS). • Previous results are very useful to indicate trend over time

Please provide a referral to a named specialist. There is no out-of-pocket cost to the patient. Please note the patient may be seen by another consultant in that clinic to expedite their care.

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, there is any deterioration in the patient's condition, or you require an urgent specialist opinion, please contact the Renal Registrar on call on 9076 2000.

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Renal Conditions:

Chronic kidney disease (CKD)

Key Points:

- CKD is common, identified by reduced GFR and/or elevated urine ACR
- People with CKD are at greater risk of cardiovascular disease
- Blood pressure control and albuminuria reduction are mainstays of CKD care and reduce disease progression
- Kidney Health Australia have an excellent resource : CKD Management in Primary Care handbook

Indications for Referral (any of the following):

- eGFR < 30ml/min/1.73m^2
- Rapid decline in eGFR (>25% or > 15ml/min/1.73m^2 in 12months)
- persistent urine ACR >30mg/mmol (after commencing stepwise therapy e.g. ACE inhibitor/ARB, SGLT2 inhibitor as outlined in CKD Management in Primary Care handbook
- Uncontrolled hypertension despite 3 or more medications at therapeutic doses
- Haematuria
- Suspected polycystic kidney disease or other genetic kidney disorder
- Suspected glomerulonephritis

See below for an overview of the **Alfred CKD specialist care pathway** (including dialysis, transplant and supportive care education/planning for patients with eGFR < 30ml/min/1.73m^2)

Patients with stable eGFR > 30ml/min/1.73m^2 and urine ACR < 30mg/mmol (with no haematuria) **do not routinely require referral** and can be managed in primary care.
Refer to CKD Management in Primary Care handbook

Exceptions are high-risk groups including **younger patients** (< 60 years old) and **First Nations Australians,** who may benefit from earlier specialist referral (eGFR < 45 ml/min/1.73m^2).

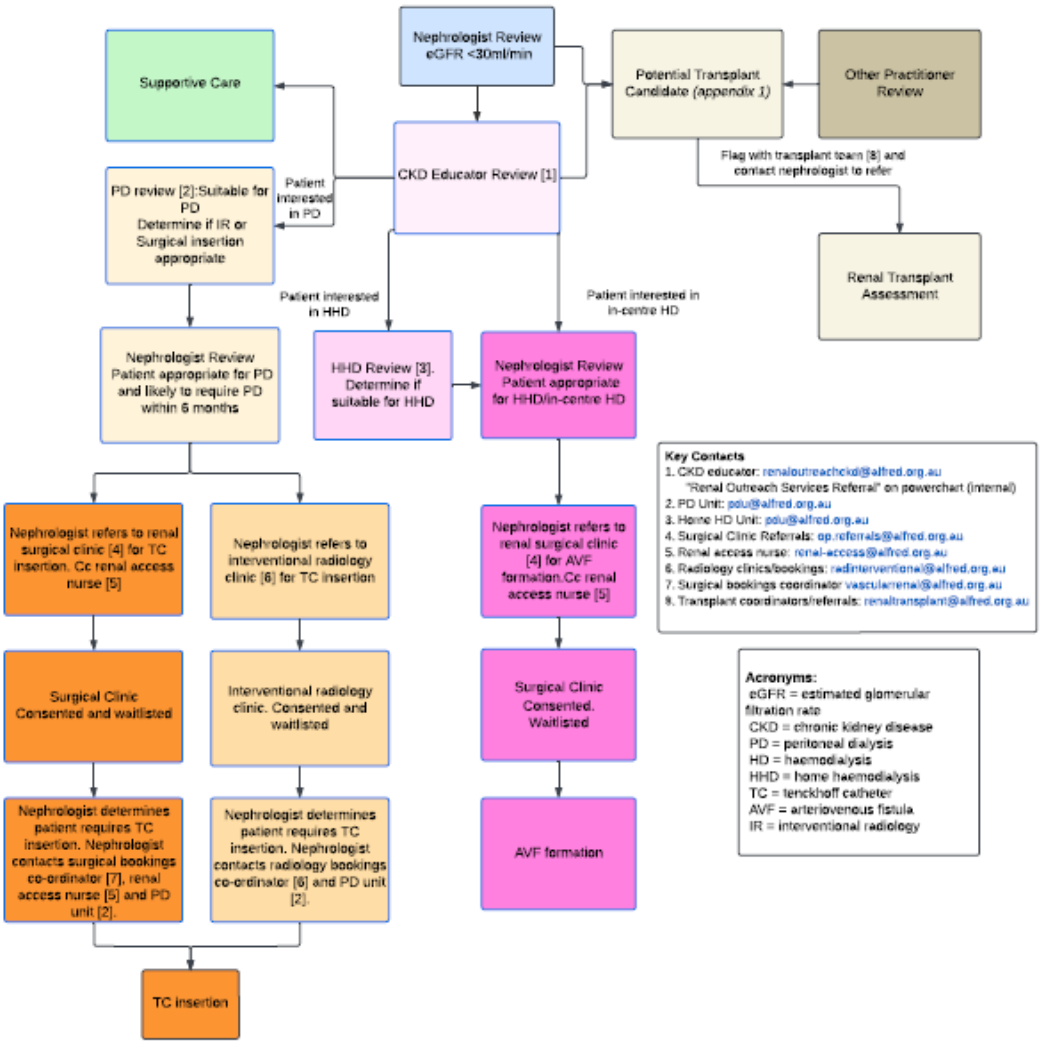
General practitioners are integral to the care of patients with CKD and we value shared care partnership:

- Patients with CKD at high risk of progression will routinely have ongoing follow up in Renal outpatient clinics.
- Patients evaluated by the Renal service with low risk of progression will commonly be discharged to the referring doctor after 1-2 appointments with a management plan including criteria for re-referral.

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.

AlfredHealth

Alfred Renal Unit CKD Referral Pathways



Appendix 1 : Renal Transplant

Referral Process:

Please refer potential transplant candidates to using a written referral to renaltransplant@alfred.org.au All referrals are presented in a weekly transplant assessment meeting with a view to address potential barriers early.

Referral Criteria:

Patients receiving dialysis: Patients receiving dialysis that are age < 75, should be considered for a transplant referral. Patient receiving dialysis that are older, should be considered for referral if thought to be appropriate based on an individual basis i.e. frailty, co-morbidities, time on dialysis and if there is an available living donor.

Patients that are pre-dialysis:

Pre-dialysis patients <75 years should be referred if eGFR ≤20, or if predicted to be starting dialysis over a 6-month trajectory. Pre-dialysis patients with a potential donor should be referred at eGFR ≤20 regardless of age if thought to be a suitable candidate.

Acute kidney injury (AKI)

Key Points:

- Acute kidney injury (AKI) is a persistent acute (< 7 days) reduction in kidney function (25% decrease in eGFR)
- AKI should prompt timely clinical assessment and medication review
- AKI is a risk factor for chronic kidney disease (CKD); ongoing monitoring is required after AKI

Important information:

- Past medical history
- Current medication list and details of any recent changes made
- Blood pressure readings
- Smoking status
- UEC – serial measurements indicating baseline function and subsequent change
- CMP
- serum albumin
- FBE
- urine microscopy & culture (MSU MC&S)
- spot urine ACR
- renal tract ultrasound (USS)

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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Haematuria

Key Points:

- The most common causes of haematuria are urological conditions (urinary tract infection, calculi, tumours of the urinary tract)
- If renal function is normal and there is no albuminuria: consider MSU MC&S, urine cytology, urinary tract imaging (ultrasound or CT intravenous pyelogram) and Urology referral initially.
- Renal referral is indicated for:
    - Persistent haematuria with albuminuria and/or reduced eGFR
    - Isolated haematuria with glomerular morphology
    - Persistent isolated haematuria after unremarkable Urology workup

Important information:

- Past medical history
- Family history
- Current medications
- Blood pressure readings
- Smoking status
- UEC & eGFR
- Urine (MSU) MCS + phase contrast microscopy
- Spot urine ACR
- Renal tract ultrasound

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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Uncontrolled hypertension

Key Points:

- Hypertension can be both a driver and a complication of kidney disease
- A blood pressure target of 130/80mmHg is routinely advised for people with (or at risk of) CKD
- Uncontrolled hypertension despite 3 agents is an indication for Renal referral

Important information:

- Past medical history (incl. age of onset of hypertension)
- Medications
- FBE
- UEC and eGFR
- Spot urine ACR x 2
- MSU: MC&S
- Renal tract ultrasound + Doppler
- Assessment for end organ damage (ECG, echocardiogram, eye examination) may be useful

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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Recurrent/complex renal stones

Key Points:

- Most patients with kidney stones do not require Renal evaluation
- Recurrent stones should prompt Renal referral for metabolic evaluation of the underlying causes

Important information:

- Clinical history of hypertension, diabetes, vascular disease, gout, chronic kidney disease
- Family history of chronic kidney disease and/or calculi
- Current medications
- UEC and eGFR
- Spot urine ACR
- MSU: MCS
- Renal tract ultrasound
- Any previous stone analysis
- Any previous 24-hour urine collection results

Additional information:
Please include the essential demographic details and clinical information in the referral.
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