

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 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.

Specialist Clinic Referral Guidelines

RENAL

Please include in your referral:

Demographic details: <ul style="list-style-type: none">• Date of birth• Patient's contact details including mobile phone number• Referring GP details• If an interpreter is required• Medicare number	Clinical information: <ul style="list-style-type: none">• Reason for referral• Duration of symptoms• Past medical history• Current medications• Past renal investigations if available• Renal investigations: MSU, MC&S, UEC, Ca/Mg/PO₄, urinary Albumin: Creatinine ratio, renal USS
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Some clinics offer private consultations in public rooms. If the patient chooses to be seen as a private patient, **please provide a referral to a named specialist** to comply with MBS billing requirements. 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 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.

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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, PO₄,/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:

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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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.

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

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Macroscopic haematuria

Direct to the Emergency Department for:

- 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.

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

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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.

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

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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.

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

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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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