Bayside Health

Referral Guideline – Regional

Nephrology

Nephrology specialises in diseases and disorders related to the kidney system. This includes diagnosis, disease management, dialysis (haemodialysis and peritoneal).

How to Refer

All new referrals for Specialist Outpatient Clinics require a **medical referral.**

All new referrals are processed by the Bayside Health Regional Access Department.

The **preferred mode** for external referrals to the Access Department is Fax (03) 9102 5307.

Internal referrals from within the Bayside Health Regional can be sent via email (access@basscoasthealth.org.au)

For further information on new referrals and services provided via the Access Team on (03) 5671 3175 or by email to access@basscoasthealth.org.au

Relevant referral form

Outpatient specialist clinic referral (MR-309)

Referrer guidance

Clinically recommended guidance for referrers is available through Gippsland Pathways.

Clinical Lead

Dr Jessica Ryan
Role: Clinical Lead and Nephrologist

Eligibility

Prior to referral, please check and ensure all referrals for Specialist Outpatient Clinics **meet:**

- Minimal Referral Criteria
- State-wide Referral Criteria (where applicable),
- Local Bass Coast service eligibility
- Anaesthesia and Surgical Services – Patient Suitability Framework

Please note, the Managing referrals to non-admitted specialist services policy states that we must not accept referrals that are incomplete or do not have the required information to assess.

Once we receive a referral we will **review to ensure**:

- We have all the information we need to progress
- The referral meets the Minimum referral criteria, State-wide Referral Criteria (where applicable) as well as local Bass Coast service eligibility
- Identify the best service/s to meet your patients' needs and
- Assign a referral priority, urgent or routine
- Provide a notification of a referral outcome

Referral Processing

Accepted referrals are **triaged according to priority** by our specialist doctors/health professionals, as 'urgent' or 'routine'.

High priority, 'urgent' access, is assigned to patients that have a condition with potential to deteriorate quickly, with significant consequences for health and quality of life if not managed promptly.

For **urgent referrals**, we will contact the patient and aim to schedule an appointment within 30 days or at the earliest available time.

For **routine referrals**, we will notify you and the patient of a routine appointment date or the transfer onto a service waitlist and aim to schedule an initial appointment within 365 days.

Within 8 working days, we will send you and your patient notification of the **referral outcome**, i.e. if the referral has been:

- Accepted and an appointment has been scheduled OR
- Accepted and the patient has been placed on a service waiting list OR
- Not accepted and the reasons why

Priority

EMERGENCY

Conditions requiring **immediate emergency care**. Acute referrals requiring same day assessment or admission. **Recommend or contact '000' to arrange immediate transfer to emergency.**

URGENT

Assigned to patients that have **a condition with potential to deteriorate quickly**, with significant consequences for health and quality of life if not managed promptly. Aim to **schedule an initial appointment within 30 days** or at the earliest available time.

ROUTINE

Assigned to patients when **their condition is unlikely to deteriorate quickly** or have significant consequences for health and quality of life if the specialist assessment is delayed beyond 30 days. Routine appointments are scheduled (where possible) or transferred onto a service waitlist. Aim to **schedule an initial appointment within 365 days**.

Safety risk screening

RED FLAG CONDITIONS

EMERGENCY

Red flags signal the most serious clinical risks and need for same day assessment or admission.

- Anuria
- Hypertension BP > 180/110
- Renal Stone disease with bilateral obstruction (or unilateral in single kidney) with acute functional decline
- Urinary Tract Infection (UTI) Sepsis with clinical instability
- Reflux Nephropathy with sepsis with clinical instability or acute renal functional decline.
- Acute Glomerulonephritis with rapidly deteriorating renal function or uncontrolled clinical nephrosis.
- Associated severe hypertension.
- Uncontrolled fluid retention
- Acute Hyperkalaemia > 6.0 unresponsive to outpatient treatment
- Polycystic kidney disease with associated urinary sepsis
- Acute Renal Failure with 30% rise in serum Creatinine over days
- Oligo-anuria
- Chronic Renal Failure with untreated CKD, creatinine > 700 umol/l, unless conservative care appropriate
- Obstruction with acute functional decline
- Severe electrolyte abnormalities
- Existing renal dialysis patients who have AV-fistula clotted
- Sepsis, including PD-peritonitis
- Severe fluid retention
- Renal transplant recipient with sepsis

Procedures/Conditions seen at Bayside Health Regional

- Acute and Chronic Glomerulonephritis
- Acute and Chronic Renal Failure
- Diabetic Nephropathy
- Existing dialysis patient
- Hypertension
- Kidney Transplant (consult only)
- Polycystic Kidney Disease (Adult)
- Recurrent Renal Stone Disease
- Recurrent Urinary Tract Infection
- Reflux Nephropathy
- Renovascular Disease

Exclusions

The following conditions / procedures are not routinely seen at Bayside Health Regional:

- Simple Renal Stones – refer to Urology
- Renal Cell Carcinoma – refer to Urology
- Under 18 year olds – refer to Nephrology - Monash Children's Hospital (monashchildrenshospital.org)

Specialist consult only

The following conditions can be considered for consultation. However, surgery is not available at Bayside Health Regional:

- Kidney Transplant

Acute and Chronic Glomerulonephritis; seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

Identified Diabetic Nephropathy

Additional Information to be included

- Minimal Referral Criteria
- FBE/ESR
- UEC's
- Albumin, total protein
- Calcium, phosphate
- Glucose, HbA1c
- ANA, dsDNA, ANCA, antiGBM, Complements – for acute cases
- MSU - Morphology and cast examination.
- Spot urine for Alb/Creatinine ratio or Prot/Creatinine ratio
- 24 hr urine for creatinine clearance and protein excretion as appropriate
- Renal ultrasound

EMERGENCY

- Refer to RED flag conditions
- Acute Glomerulonephritis with rapidly deteriorating renal function or uncontrolled clinical nephrosis
- Associated severe hypertension

URGENT

- Heavy proteinuria (>3-5gm/day) or significant clinical nephrosis.
- A rise in serum creatinine >30% over weeks-months

ROUTINE

- Proteinuria < 3gm/day
- Abnormal but slowly changing renal function

Acute and Chronic Renal Failure; seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

- Acute Renal Failure (Acute Kidney Injury)
- Chronic Renal Failure - Existing dialysis patients or chronic renal failure - CKD stages 4 or 5. This equates to an eGFR of less than 30 ml/min

Additional Information to be included

- Standard history and examination
- History of diabetes and hypertension is particularly

General pathology screen – blood tests including within the last 3 months:

- FBE, U&E, Creatinine
- LFTs
- Calcium
- TSH
- Vitamin B12
- Vitamin D
- Glucose
- Consider ESR, CK
- Renal imaging – ultrasound (avoid contrast)

EMERGENCY

- Refer to RED flag conditions
- Acute Renal Failure with 30% rise in serum Creatinine over days
- Chronic Renal Failure with untreated CKD, creatinine > 700 umol/l, unless conservative care appropriate
- Anuria
- Severe electrolyte abnormalities

URGENT

- Slow rise in creatinine
- Fluid control difficulties
- Electrolyte abnormalities

ROUTINE

- All other considered routine

Diabetic Nephropathy; seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

- All new patients referred for care with a cancer or malignant haematology diagnosis

** Note do not diagnose malignancies /cancer

** Note for GP - Management Options for GP Use of ACE-I or ARB, SGTL2i if albuminuria

Additional Information to be included

General pathology screen – blood tests including within the last 3 months:

- FBE/ESR
- UEC's
- Albumin, total protein
- Calcium, phosphate
- Glucose, HbA1c
- MSU - Morphology and cast examination.
- Spot urine for Alb/Creatinine ratio or Prot/Creatinine ratio
- 24 hr urine for creatinine clearance and protein excretion as appropriate
- Renal ultrasound

EMERGENCY

- Refer to RED flag conditions
- A rapid rise in creatinine levels (>25% in days – weeks)

URGENT

- Heavy proteinuria (>3-5gm/day) or significant clinical nephrosis
- A rise in serum creatinine >30% over weeks-months

ROUTINE

- Proteinuria < 3gm/day
- Abnormal but slowly changing renal function

Existing dialysis patient; seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

- Existing renal dialysis patient
- Usually, these patients are already under the care of the renal unit
- Please refer new patients (eg. that have moved into the local area)
- Those developing a new problem

Additional Information to be included

General pathology screen – blood tests including within the last 3 months.

If concerned:

- FBE
- UECs
- LFTs
- Ca
- Phos

EMERGENCY

- AV-fistula clotted
- Sepsis, including PD-peritonitis
- Severe fluid retention

URGENT

- All new cases

Hypertension; seen at Bayside Health Regional

State-wide Referral Criteria **DOES** apply to this condition.

When to refer

- Hypertension
- Post GP management
- Routine antihypertensives

Additional Information to be included

- Reason for referral
- Family history
- Medical history & Medications

General pathology screen – blood tests including within the last 3 months:

- FBE
- UECs
- LFTs
- Glucose
- Ca
- Phosphate
- MSU - Morphology and cast examination
- Renal US & Doppler or other imaging

EMERGENCY	• Hypertension BP > 180/110
URGENT	• BP persistently > 180/100 Associated renal abnormalities such as heavy proteinuria or declining function
ROUTINE	• All other cases, including suspected renal artery stenosis and hyperaldosteronism

Kidney Transplant (consult only); seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

- Patients with end stage kidney disease request for Kidney Transplant for consult only

Resources: monashhealth.org/services/nephrology/kidney-pancreas-transplant

Additional Information to be included

- Reason for referral
- Family history
- Medical history & Medications

General pathology screen – blood tests including within the last 3 months:

- FBE, U&E, Creatinine,
- LFTs,
- Calcium,
- TSH,
- Vitamin B12,
- Vitamin D,
- Glucose
- Consider ESR, CK
- Relevant scans

Polycystic Kidney Disease (Adult); seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

- Polycystic Kidney Disease

Additional Information to be included

- Reason for referral
- Family history
- Medical history

General pathology screen – blood tests including within the last 3 months:

- FBE/ESR
- UEC's,
- Albumin, total protein
- Calcium, phosphate
- Glucose
- MSU - Morphology and cast examination.
- Spot urine for Alb/Creatinine ratio or Prot/Creatinine ratio
- Renal ultrasound
- Consider cerebral MRA to exclude aneurysm

EMERGENCY	• Polycystic kidney disease with associated urinary sepsis
URGENT	• Associated pain, infection or rapid decline in renal function
ROUTINE	• All other considered routine

Recurrent Renal Stone Disease; seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

- Recurrent renal stone disease

Additional Information to be included

- Reason for referral
- Family history
- Medical history

General pathology screen – blood tests including within the last 3 months:

- FBE/ESR
- UEC's,
- Albumin, total protein
- Calcium, phosphate, PTH
- Glucose
- MSU - Morphology and cast examination.
- Spot urine for Alb/Creatinine ratio or Prot/Creatinine ratio
- 24 hr urine for creatinine clearance and protein excretion as well as Ca excretion
- Renal ultrasound

EMERGENCY

- Renal Cholic/Stone uncontrolled pain
- Obstruction with acute functional decline

ROUTINE

- All other considered routine

Recurrent Urinary Tract Infection; seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

- Recurrent urinary tract infections (UTI)

Additional Information to be included

- Reason for referral
- Family history
- Medical history

General pathology screen – blood tests including within the last 3 months:

- FBE/ESR
- UEC's
- Albumin, total protein
- Calcium, phosphate
- Glucose
- MSU – x2 (at least), including sensitivities
- Spot urine for Alb/Creatinine ratio or Prot/Creatinine ratio
- Renal ultrasound or other imaging

EMERGENCY	• Urinary Tract Infection (UTI) Sepsis with clinical instability
URGENT	• Persistent infections
ROUTINE	• All other considered routine

Reflux Nephropathy; seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

- All new patients with reflux nephropathy

Additional Information to be included

- Reason for referral
- Family history
- Medical history

General pathology screen – blood tests including within the last 3 months:

- FBE/ESR
- UEC's
- Albumin, total protein
- Calcium, phosphate
- Glucose
- MSU - Morphology and cast examination
- Spot urine for Alb/Creatinine ratio or Prot/Creatinine ratio
- Renal ultrasound and Doppler

EMERGENCY

- Reflux Nephropathy with sepsis with clinical instability or acute renal functional decline

URGENT

- Frequent, recurrent UTIs or deteriorating renal function. • Heavy proteinuria

ROUTINE

- All other considered routine

Renovascular Disease; seen at Bayside Health Regional

State-wide Referral Criteria **DOES NOT** apply to this condition.

When to refer

- Presentation: Other atherosclerotic disease, severe hypertension

Additional Information to be included

- Reason for referral
- Family history
- Medical history

General pathology screen – blood tests including within the last 3 months:

- FBE/ESR
- UEC's
- Albumin, total protein
- Calcium, phosphate
- Glucose
- MSU - Morphology and cast examination
- Spot urine for Alb/Creatinine ratio or Prot/Creatinine ratio
- Renal ultrasound and Doppler

EMERGENCY

- Associated acute renal failure or severe hypertension

ROUTINE

- All other considered routine