

Western Health Specialist Clinics Access & Referral Guidelines

Nephrology Specialist Clinics at Western Health:

Western Health provides the following specialist clinics for patients who require assessment and management of renal related conditions by a Nephrologist. Patients will be triaged into one of these clinics for management according to their clinical needs:

1. **CKD 4-5:** A clinic designed to facilitate care of patients with renal impairment stage 4-5 who are approaching dialysis, transplant or supportive care.
2. **Renal Replacement Clinic:** A multidisciplinary clinic designed to manage patients on dialysis or approaching the need for dialysis.
3. **CKD 1-3:** Renal clinic directed at those in early stages of renal disease, including new onset renal disease, autoimmune renal related conditions difficult to control blood pressure, patients with renal stones who require metabolic assessment, genetic causes of renal diseases, patients with haematuria, proteinuria as defined under “access and referral priority nephrology specialist clinics” (page 3).
4. **Sunbury Clinic:** A general renal clinic for patients at all stages of renal impairment, see “access and referral priority nephrology specialist clinics” (page 3).
5. **Melton Dialysis clinic:** A renal clinic designed to support the local dialysis patients
6. **Melton General Renal clinic:** A renal clinic designed to support the local CKD patients
7. **Renal transplant clinics:** Designed to care for those with renal transplant or those patients being worked up for a renal transplantation
8. **Renal Rapid Access clinic-** A clinic designed to see the bulk of new referrals and formulate a management plan. In general most routine referral will receive 1-3 clinic reviews. They will then be discharged back to their GP with a management plan and criteria for referral back to Nephrology if their CKD progresses in the future. Where appropriate patients may be transferred to another renal clinic for ongoing follow up.
9. **Endocrine Renal Clinic-** Specific Clinic to address endocrine issues such as renal bone disease and Diabetes Mellitus in CKD patients. Most patients will be reviewed over 1-3 clinic reviews and a plan of management formulated the patient will then be discharged back to their GP or transferred to another renal clinic if appropriate.
10. **Urgent Renal Review clinic-** Designed for rapid review of post discharge patients to facilitate care. Only for internal referrals.

Conditions not seen at Western Health:

The following common conditions are NOT SEEN in Nephrology Specialist clinics at Western Health:

Renal cysts and renal masses

Are not suitable for referral to Nephrology. When these lesions require assessment (e.g. to exclude malignancy) this should be referred to **Urology**. If there is a clinical suspicion of **inherited polycystic kidney disease** this is appropriate for referral to Nephrology.



Western Health

Western Health Specialist Clinics Access & Referral Guidelines

Please Note the following.

In most cases of CKD nephrology, referral is not necessary (in the absence of other referral indicators) for:

- **Stable eGFR > 30 mL/min/1.73m**
- **Urine ACR < 30 mg/mmol (with no haematuria)**
- **Controlled blood pressure without suggestion of a secondary cause**

The decision to refer or not must always be individualised and, particularly in younger individuals, the indications for referral may be less stringent.

Kidney stones

Most patients with **Kidney Stones** do not require assessment by **Nephrology**. **Exceptions are complex and/or recurrent cases** that require a **metabolic workup** for an underlying cause of stone formation.

The metabolic workup for complex cases of kidney stones includes serum UEs, Ca/PO₄, PTH, 25-OH vitamin D and uric acid; urinalysis for microscopy, albuminuria and urine pH; and 24hr urinary excretion of calcium, oxalate, uric acid and citrate.

Please send copies of these tests with your referral. It is a criteria of referral that the basic work up has been performed.

Patients with **renal colic** or evidence of **urinary obstruction** should be referred immediately to either the **Emergency Department** or **Urology**.

Conditions that require urgent direct referral to the Renal Registrar on call:

- Kidney transplant recipients with intercurrent acute illness requiring inpatient treatment.
- Major metabolic disturbance (hyperkalaemia or severe acidosis).
- Chronic dialysis patients with acute intercurrent illness requiring inpatient treatment.
- Upper urinary tract infections (pyelonephritis).
- Rapidly rising creatinine in setting of haematuria and proteinuria suggesting acute glomerulonephritis.
- Patients with acute nephrotic syndrome.

Please note if any concerns please call on call renal registrar to discuss the case to best facilitate patient management. Renal Registrar Number: 03 8345 6666



Western Health

Western Health Specialist Clinics Access & Referral Guidelines

Access & Referral Priority Nephrology Specialist Clinics:

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.

URGENT	ROUTINE
<p>Urgent:</p> <ul style="list-style-type: none"> • Severe chronic kidney disease (eGFR < 20ml/min/1.73m² or rapidly progressive) • High risk glomerulonephritis • Glomerular haematuria with macroalbuminuria 	<p>Appointment timeframe depending on clinical need.</p> <p>Progressive loss of kidney function.</p> <ul style="list-style-type: none"> • CKD with a sustained decrease in eGFR of 25% or greater within 12 months OR sustained decrease in eGFR of 15ml/min/1.73m² per year. <p>Genetic kidney disorders e.g. polycystic kidneys Anaemia of renal disease (where other causes have been excluded).</p> <p>Complex renal stone makers that require metabolic assessment (please see information above re criteria).</p> <ul style="list-style-type: none"> • Please note for all other renal calculi management referral to a Urologist may be indicated. <p>Uncontrolled blood pressure despite 3 or greater agents on therapeutic doses.</p> <p>Unexplained anaemia where other causes for anaemia have been excluded.</p> <ul style="list-style-type: none"> • <100g/dl in setting or renal impairment eGFR <45ml/min/1.73m²



Western Health Specialist Clinics Access & Referral Guidelines

Condition Specific Referral Guidelines:

Key information enables Western Health to triage patients to the correct category and provide treatment with fewer visits to specialist clinics, creating more capacity for care. If key information is missing, you may be asked to return the referral with the required information.

Condition: include	Key Information Points to be provided:	Clinical Investigations to be sent with referral :
<p>Acute sustained decline in renal function.</p> <p>CKD with a sustained decrease in eGFR of 25% or greater within 12 months OR sustained decrease in eGFR of 15ml/min/1.73m² per year.</p> <p>HT uncontrolled despite 3 agents</p> <p>Complex renal stones</p> <p>Unexplained anaemia where other causes for anaemia have been excluded.</p> <p>Renal Transplant</p> <p>Dialysis care</p> <p>Urine ACR ≥ 30 mg/mmol</p> <p>Haematuria</p> <p>Genetic kidney disorders</p> <p><i>It is important to note that intraindividual variation in eGFR readings can be as high as 15- 20% between consecutive eGFR measurements, such that a number of readings are required.</i></p>	<ul style="list-style-type: none"> • Background Clinical History, specifically the following: <ul style="list-style-type: none"> • Hypertension • Diabetes, • Vascular Disease. • Chronic Kidney Disease • Renal Calculi • Recurrent UTI. • Family history of chronic kidney disease • Identification as Aboriginal or Torres Strait Islander • Smoking History >20 years • Medication List - Current plus document any new medication changes made. • Referrals for Anaemia should list all/any previous investigations undertaken to explore aetiology. 	<p>Essential:</p> <ul style="list-style-type: none"> • U+E including Creatinine and eGFR (2 x samples separated by time, minimal) • Spot Urine for Alb/Creatinine ratio or protein/creatinine ratio (2 -3 x samples over a 3 month period) • MSU for evaluation of urinary sediment (2 x samples) • FBE • Renal tract ultrasound <p>Renal calculi – investigations as outlined above to be provided.</p> <p>As indicated:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Autoimmune serology as clinically indicated (ANA, ANCA, anti-GBM, ASOT, dsDNA, C3, C4) Myeloma screen (serum and urine EPG, free light chains) 24hour urine collection (Cr clearance, protein excretion) PTH, vitamin D, lipids, LFTs, HbA1c, uric acid <input type="checkbox"/> B12/folate, Iron studies, <input type="checkbox"/> Calcium, phosphate, ,albumin PTH



**Western Health Specialist Clinics
Access & Referral Guidelines**



Western Health