



Nephrology Referral

Information Required

- Reason for referral
- Whether eGFR is stable or declining
- Interpreter required
- Mobility (e.g Wheelchair)

Past Medical History

- Cardio vascular disease Y / N
- Diabetes mellitus Y / N
- Hypertension Y / N
- Other medical comorbidities –
- Family History
- Medication list
- Blood pressure readings

Investigations Required

- Current eGFR and MBA20 (including potassium, LFT's, Ca, Phop, Mg, globulins, glucose)
- All previous creatinine readings
- Full blood count
- Iron studies if anaemic
- Urine ACR
- Urine dipstix for blood
- Urine Cast assessment
- Renal Ultrasound






Fax Referral to

- Flinders Medical Centre Nephrology Outpatients Fax: 8204 6060

Red Flags

For admission or urgent advice contact the Flinders Medical Centre on 8204 5511 and page the Renal Registrar on-call *or* refer to the **Emergency Department**

The following conditions should **not** be referred to clinic

-  Acute Kidney Injury requiring admission
-  eGFR <15mls/min
-  Hyperkalaemia
-  Malignant Hypertension
-  Rapidly Progressive Glomerulonephritis
 - SLE
 - Vasculitis
 - Antiglomerular Basement Membrane Disease

Suggested GP Management

- Medical Management to maintain BP<130/80mmHg
- Reduction / cessation of renally excreted medication once eGFR <60ml/min/1.73m²
- Assessment of absolute cardiovascular risk
- Reduce CVD risk
- Avoidance of nephrotoxic medications
- Lifestyle modifications
- Lipid lowering treatment
- Glycaemic control

Clinical Resources

- Refer KHA Handbook for GP's**
- <http://www.kidney.org.au/>

General Information to assist with referrals and the and Referral templates for FMC and RGH are available to download from the SALHN Outpatient Services website www.sahealth.sa.gov.au/SALHNoutpatients

Version	Date from	Date to	Amendment
2.0	Sept 2014	Sept 2016	Template