

REFERRAL FOR CHRONIC KIDNEY DISEASE (CKD) TO A SPECIALIST IN NEPHROLOGY

Indications for referral include:

A. IMMEDIATE REFERRAL TO A&E

- Suspected Acute Renal Failure.
- Acute Renal Failure on a background of Chronic Kidney Disease
- Newly diagnosed established renal failure (glomerular filtration rate $GFR < 15 \text{ mL/minute/1.73m}^2$).
- Malignant or accelerated Hypertension with suspected underlying kidney disease.
- In case of hyperkalaemia $> 6.5 \text{ mmol/L}$.

B. EMERGENCY REFERRAL TO A SPECIALIST

- Nephrotic syndrome.
- If newly detected stage 4 (unless known to be stable) or stable stage 5 CKD.
- Multisystem disease (e.g. SLE, systemic vasculitis) with evidence of kidney disease.
- Hyperkalaemia $> 6.0\text{-}7.0 \text{ mmol/L}$, (after exclusion of artificial and treatable causes)

C. ROUTINE REFERRAL TO A SPECIALIST

People with CKD in the following groups should normally be referred for specialist assessment:

- 5-year risk of needing a therapeutic kidney transplant greater than 5% (based on the 4-parameter Renal Failure Risk Equation).
 - Hypertension that remains poorly controlled (it is defined as persistent arterial hypertension $> 150/90 \text{ mm Hg}$ despite the use of a combination of at least 4 antihypertensive drugs at therapeutic doses).
 - Rapid decline in renal function (defined as a drop in $GFR > 20\%$ or increase in serum creatinine concentration $> 30\%$ from baseline) associated with the use of ACEIs or ARBs.
 - A sustained reduction in GFR of 25% or more and a change in GFR category within 12 months.
 - A steady decrease in GFR of $15 \text{ ml/min/1.73 m}^2$ or more per year.
 - $ACR \geq 616 \text{ mg/mmol}$ or more, unless known to be caused by diabetes and already appropriately treated.
 - Proteinuria (protein in urine $> 995 \text{ mg/g}$) in the absence of nephrotic syndrome.
 - Proteinuria with haematuria.
 - Diabetes with increased proteinuria, without diabetic retinopathy.
 - Urologically unexplained macroscopic haematuria with or without proteinuria/ albuminuria.
 - Known or suspected rare or genetic causes of CKD.
 - Suspected renal artery stenosis.
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- Recurrent episodes of Pulmonary Oedema of unknown aetiology, with clinical suspicion of atherosclerotic stenosis of the renal artery
 - Steady Stage 4 if reported.

Source:

1. NICE (July 2014). Chronic Kidney Disease - Early identification and management of chronic kidney disease in adults in primary and secondary care.
2. The Renal Association (2007). UK CKD Guidelines.
3. The Renal Association UK (March 2014). The management of hyperkalaemia in adults.