

NEPHROLOGY REFERRAL FORM

PATIENT INFORMATION		REFERRING PHYSICIAN INFORMATION	
Name:		Name:	
Address:		Address:	
Phone #:		Phone #:	
DOB: Year/Month/Day		Fax #:	
Health Card Number:		DATE OF REFERRAL:	
		PHYSICIAN SIGNATURE:	
RECOMMENDED REASON FOR REFERRAL (Check all that apply and attach results to referral)			
N.B. SEE BACK OF FORM FOR TRIAGE CRITERIA			
<input type="checkbox"/> Rapidly declining eGFR by > 20 % over days to weeks	<input type="checkbox"/> Hereditary Kidney Disease (e.g. Polycystic kidney Disease)		
<input type="checkbox"/> eGFR < 30 mL/min/1.73m ² (X 2 results)	<input type="checkbox"/> Potassium or acid-base disorders		
<input type="checkbox"/> eGFR 30-60 AND eGFR decline ≥ 10 ml/min/1.73m ² in 1 year	<input type="checkbox"/> Pregnancy & CKD		
<input type="checkbox"/> ACR > 60 mg/mmol in non-diabetic (x2 results)	<input type="checkbox"/> Nephrolithiasis + CKD (after Urology evaluation)		
<input type="checkbox"/> ACR > 30 mg/mmol in non-diabetic, age < 70 (X 2 results)	<input type="checkbox"/> Persistent isolated hematuria ACR < 3mg/mmol + eGFR ≥ 60 (X 2 results) (after Urology evaluation)		
<input type="checkbox"/> Suspected glomerulonephritis (hematuria + ACR > 3 mg/mmol ± eGFR decline)			
<input type="checkbox"/> Kidney Failure Risk > 5 % at 5 yrs: Use Kidney Failure Risk Equation (KFRE) to estimate risk Go to: http://kidneyfailurerisk.com or Smartphone App QxMD/Nephrology/Chronic Kidney Disease			
<input type="checkbox"/> Other:			
COMORBID CONDITIONS (check all that apply)			
<input type="checkbox"/> Diabetes mellitus	<input type="checkbox"/> Hypertension	<input type="checkbox"/> CAD	<input type="checkbox"/> CHF
<input type="checkbox"/> Previous stroke/TIA	<input type="checkbox"/> PVD	<input type="checkbox"/> Gestational Age (if pregnant)	
<input type="checkbox"/> Nephrolithiasis (Urology stone clinic Y/N)	<input type="checkbox"/> BPH	<input type="checkbox"/> Cognitive impairment	
<input type="checkbox"/> Malignancy	<input type="checkbox"/> Language interpretation services required		
<input type="checkbox"/> Other:			
INCLUDE ALL THE FOLLOWING INFORMATION			
<input type="checkbox"/> eGFR (X2 results)	<input type="checkbox"/> Creatinine (X2 results)	<input type="checkbox"/> Urine ACR	<input type="checkbox"/> Urinalysis
<input type="checkbox"/> Albumin	<input type="checkbox"/> CBC	<input type="checkbox"/> Urea	<input type="checkbox"/> Calcium (uncorrected)
<input type="checkbox"/> Phosphorus	<input type="checkbox"/> Total CO2 (bicarbonate)		<input type="checkbox"/> Medication List
<input type="checkbox"/> Consider ordering Renal Ultrasound: check if ordered and please send report when available			
REQUESTED ACTION (check one only)			
<input type="checkbox"/> Clinic Consultation	<input type="checkbox"/> Phone Consultation with referring MD	<input type="checkbox"/> Phone Consultation with Patient (if seen within previous 9 months and not LTC)	
NSHA NEPHROLOGY REFERRAL SITES	PHONE NUMBER	FAX NUMBER	
QEII, Victoria General Hospital	902-473-2220	902-473-2675	
Cape Breton Regional Hospital	902-567-8000	902-567-7939	
Yarmouth Regional Hospital	902-742-3541	902-742-5170 (or as directed by Internist on call)	

NEPHROLOGY CLINIC REFERRAL DOES NOT APPLY TO PATIENTS REQUIRING EMERGENCY CARE OR UROLOGICAL SERVICES.

TRIAGE CATEGORIES	TRIAGE CRITERIA (Not all inclusive)	REFERRAL PROCESS
EMERGENT Standard Wait Time < 1 day	<ul style="list-style-type: none"> ▫ eGFR < 10 mL/min/1.73m² (new diagnosis) ▫ Life threatening uremic signs & symptoms (Hyperkalemia > 6.5 mmol/L, pulmonary edema, pericarditis in the setting of severe renal dysfunction) 	<ol style="list-style-type: none"> 1. Immediate referral to nearest emergency department 2. Phone referral site and ask for the nephrologist on call 3. Fax referral <u>after speaking with nephrologist</u>
URGENT: PRIORITY 1 Standard Wait Time < 7 days	<ul style="list-style-type: none"> ▫ eGFR < 15 mL/min/1.73 m² ▫ Rapid decline in eGFR > 20% over days to weeks ▫ Suspected rapidly progressive glomerulonephritis ▫ ACR > 220 mg/mmol (or PCR > 300 mg/mmol or 24 hour proteinuria > 3g/TV) in non-diabetic ▫ Pregnancy & CKD (urgent) 	<ol style="list-style-type: none"> 1. If patient in shock refer to emergency department 2. Rule out urinary tract obstruction 3. After excluding shock & GU obstruction, phone referral site and ask for the nephrologist on call 4. Fax referral <u>after speaking with nephrologist</u>
SEMI-URGENT: PRIORITY 2 Standard Wait Time < 30 days	<ul style="list-style-type: none"> ▫ Sub acute renal dysfunction ▫ Decline in eGFR > 20% over weeks to months ▫ ACR > 220 mg/mmol (or PCR > 300 mg/mmol or 24 hour proteinuria > 3g/TV) ▫ Pregnancy & CKD (semi-urgent) 	<ol style="list-style-type: none"> 1. Rule out urinary tract obstruction 2. Fax Referral
ELECTIVE: PRIORITY 3 Standard Wait Time < 90 days	<ul style="list-style-type: none"> ▫ eGFR < 30 ▫ eGFR decline over months (eGFR 30-60 AND eGFR decline ≥ 10 ml/min/1.73m² in 1 year) ▫ ACR > 60 mg/mmol in non-diabetic (PCR > 100 mg/mmol or 24 hour proteinuria > 1g/TV) 	<ol style="list-style-type: none"> 1. Rule out obstruction if history of nephrolithiasis, BPH, GU strictures, gross hematuria, malignancy, radiation, GU anatomic abnormalities or other risk factors for or symptoms of urinary tract obstruction 2. Fax Referral
ELECTIVE: PRIORITY 4 Standard Wait Time 180 days	<ul style="list-style-type: none"> ▫ eGFR 30-60 with slow eGFR decline over years ▫ ACR > 30 mg/mmol in non-diabetic, age < 70 (PCR > 50 mg/mmol or 24 hour proteinuria > 500 mg/TV) 	Fax Referral Phone Consultation available
ELECTIVE: PRIORITY 5 Standard Wait Time 365 days	<ul style="list-style-type: none"> ▫ Minor abnormalities in blood, urine or radiological tests ▫ Other conditions deemed elective by triage Nephrologist 	Fax Referral Phone Consultation available