

## NEPHROLOGY REFERRAL FORM

<b>PATIENT INFORMATION</b>		<b>REFERRING PHYSICIAN INFORMATION</b>	
Name:		Name:	
Address:		Address:	
Phone #:		Phone #:	
DOB: Year/Month/Day		Fax #:	
Health Card Number:		<b>DATE OF REFERRAL:</b>	
		<b>PHYSICIAN SIGNATURE:</b>	
<b>RECOMMENDED REASON FOR REFERRAL (Check all that apply and attach results to referral)</b> <b>N.B. SEE BACK OF FORM FOR TRIAGE CRITERIA</b>			
<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 < 30mL/min/1.73m <sup>2</sup> (x 2 results)	<input type="checkbox"/> Potassium or acid–base disorders		
<input type="checkbox"/> eGFR 30–60 <b>AND</b> eGFR decline $\geq$ 10mL/min/1.73m <sup>2</sup> in 1 year	<input type="checkbox"/> Pregnancy & CKD		
<input type="checkbox"/> ACR > 60 mg/mmol in non–diabetic (x 2 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 < 3 mg/mmol + eGFR $\geq$ 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: <a href="http://kidneyfailure.com">http://kidneyfailure.com</a> or Smartphone App QxMD/Nephrology/Chronic Kidney Disease			
<input type="checkbox"/> Other:			
<b>COMORBID CONDITIONS (check all that apply)</b>			
<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:			
<b>INCLUDE ALL THE FOLLOWING INFORMATION</b>			
<input type="checkbox"/> eGFR (x 2 results)	<input type="checkbox"/> Creatinine (x 2 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			
<b>REQUESTED ACTION (check one only)</b>			
<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)
<b>NSHA NEPHROLOGY REFERRAL SITES</b>	<b>PHONE NUMBER</b>	<b>FAX NUMBER</b>	
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 REFERRAL FORM

NEPHROLOGY CLINIC REFERRAL <u>DOES NOT APPLY</u> TO PATIENTS REQUIRING EMERGENCY CARE OR UROLOGICAL SERVICES.		
TRIAGE CATEGORIES	TRIAGE CRITERIA (Not all inclusive)	REFERRAL PROCESS
<b>EMERGENT</b> Standard Wait Time < 1 day	<ul style="list-style-type: none"> <li>eGFR &lt; 10 mL/min/1.73m<sup>2</sup> †new diagnosis</li> <li>Life threatening uremic signs &amp; symptoms (Hyperkalemia &gt; 6.5 mmol/L pulmonary edema, pericarditis in the setting of severe renal dysfunction)</li> </ul>	<ol style="list-style-type: none"> <li>Immediate referral to nearest emergency department</li> <li>Phone referral site and ask for the nephrologist on call</li> <li>Fax referral <u>after speaking with nephrologist</u></li> </ol>
<b>URGENT: PRIORITY 1</b> Standard Wait Time < 7 days	<ul style="list-style-type: none"> <li>eGFR &lt; 15 mL/min/1.73 m<sup>2</sup></li> <li>Rapid decline in eGFR &gt; 20% over days to weeks</li> <li>Suspected rapidly progressive glomerulonephritis</li> <li>ACR &gt; 220 mg/mmol (or PCR &gt; 300 mg/mmol or 24 hour proteinuria &gt; 3g/TV) in non-diabetic</li> <li>Pregnancy &amp; CKD (urgent)</li> </ul>	<ol style="list-style-type: none"> <li>If patient in shock refer to emergency department</li> <li>Rule out urinary tract obstruction,</li> <li>After excluding shock &amp; GU obstruction, phone referral site and ask for the nephrologist on call</li> <li>Fax referral <u>after speaking with nephrologist</u></li> </ol>
<b>SEMI-URGENT: PRIORITY 2</b> Standard Wait Time < 30 days	<ul style="list-style-type: none"> <li>Sub acute renal dysfunction</li> <li>Decline in eGFR &gt; 20% over weeks to months</li> <li>ACR &gt; 220 mg/mmol (or PCR &gt; 300 mg/mmol or 24 hour proteinuria &gt; 3g/TV)</li> <li>Pregnancy &amp; CKD (semi-urgent)</li> </ul>	<ol style="list-style-type: none"> <li>Rule out urinary tract obstruction</li> <li>Fax referral</li> </ol>
<b>ELECTIVE: PRIORITY 3</b> Standard Wait Time < 90 days	<ul style="list-style-type: none"> <li>eGFR &lt; 30</li> <li>eGFR decline over months (eGFR 30–60 AND eGFR decline <math>\geq</math> 10 mL/min/1.73m<sup>2</sup> in 1 year)</li> <li>ACR &gt; 60 mg/mmol in non-diabetic (PCR &gt; 100 mg/mmol or 24 hour proteinuria &gt; 1g/TV)</li> </ul>	<ol style="list-style-type: none"> <li>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</li> <li>Fax referral</li> </ol>
<b>ELECTIVE: PRIORITY 4</b> Standard Wait Time 180 days	<ul style="list-style-type: none"> <li>eGFR 30–60 with slow eGFR decline over years</li> <li>ACR &gt; 30 mg/mmol in non-diabetic, age &lt; 70 (PCR &gt; 50 mg/mmol or 24 hour proteinuria &gt; 500 mg/TV)</li> </ul>	<p>Fax referral Phone Consultation available</p>
<b>ELECTIVE: PRIORITY 5</b> Standard Wait Time 365 days	<ul style="list-style-type: none"> <li>Minor abnormalities in blood, urine or radiological tests</li> <li>Other conditions deemed elective by triage Nephrologist</li> </ul>	<p>Fax referral Phone Consultation available</p>

