

CHRONIC KIDNEY DISEASE REFERRAL CHECKLIST			
Contact Details:	The Renal Unit, Southend University Hospital Foundation Trust, Prittlewell Chase, Westcliff on Sea, Essex, SS0 0RY		
Phone:	01702 507174	Fax:	01702 221462
		email:	patrick.harnett@southend.nhs.uk
Referring Doctor:			Patient Name:
Address:			Address:
Phone:			NHS No:

REFERRAL CRITERIA BY STAGE OF CKD

GFR will fall by 1ml/min/yr after 35-40. Please check eGFR is not age related.	
Stage of CKD Please tick Stage 1 (eGFR>90) Stage 2 (eGFR 60-89) <input type="checkbox"/>	Refer to Nephrologist if: <input type="checkbox"/> Malignant Hypertension, Hyperkalaemia, Nephrotic Syndrome <input type="checkbox"/> Microscopic haematuria and proteinuria (PCR>50mg/mmol or ACR>30mg/mmol) <input type="checkbox"/> Proteinuria (PCR>100mg/mmol or ACR>70mg/mmol, unless diabetic) <input type="checkbox"/> Macroscopic haematuria (after negative urological evaluation) <input type="checkbox"/> Suspected systemic illness e.g. vasculitis or familial kidney disease
Stage 3a (eGFR 45-59) Stage 3b (eGFR 30-44) <input type="checkbox"/>	Refer to Specialist if one of the above OR: <input type="checkbox"/> Declining eGFR >5ml/min in 1yr confirmed on 2 sequential tests <input type="checkbox"/> Anaemia after exclusion of other causes <input type="checkbox"/> Poorly controlled hypertension despite use of 4 agents at therapeutic doses
Stage 4 (eGFR 15-29) Stage 5 (eGFR<15) <input type="checkbox"/>	ALL PATIENTS SHOULD BE DISCUSSED WITH NEPHROLOGIST OR REFERRED TO THE RENAL UNIT with or without diabetes Exceptions include, terminal illness, disseminated malignancy Hot line available each Tuesday a.m. with Dr Harnett on 01702 507174 please contact the renal unit for further advice

INFORMATION REQUIRED FOR REFERRAL (complete or include in referral letter)

Past Medical History & examination			
Urinary symptoms		BMI (or weight)	
Medications			
Blood pressure		Dipstick urinalysis:	Blood:
Recent blood tests FBC,U&E,HbA1C			Protein Urine ACR: Urine PCR:
Serum Creatinine & GFR	Please attach prior / sequential tests to establish rate of decline)		

ROUTINE MANAGEMENT IN PRIMARY CARE

please refer to the RCGP - continuing good CKD management

Diagnosics and health improvement
<ul style="list-style-type: none"> Optimise treatment for the following risk factors: cardiovascular disease, proteinuria, hypertension, diabetes, smoking, chronic use of NSAIDs, urinary outflow tract obstruction Obtain a minimum of 3 GFR estimations over a period of not less than 90 days In people with a new finding of reduced eGFR, repeat the test within 2 weeks to exclude causes of acute deterioration Offer renal USS if eGFR decline >5ml/min in 1 yr, or >10ml/min within 5 years, or have visible/persistent haematuria or symptoms of UTI, or have a family history of polycystic kidney disease and aged >20 Exercise caution when treating people with CKD with NSAIDs over prolonged periods of time.
Renal flow obstruction
<ul style="list-style-type: none"> People with CKD and renal flow obstruction should normally be referred to urological services, unless urgent medical intervention is required - for e.g., the treatment of hyperkalaemia, severe uraemia, acidosis or fluid overload.
Pharmacology
<ul style="list-style-type: none"> In people with CKD, aim to keep the systolic blood pressure <140mmHg and diastolic <90mmHg In people with CKD and diabetes, and in people with an ACR or >70mg/mmol, aim to keep systolic BP <130mmHg and the diastolic BP <80mmHg

Source of information: GSTT, The Renal Association and NICE guidance