# Nephrology Referral

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

## 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

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](http://www.sahealth.sa.gov.au/SALHNoutpatients)

<table>
<thead>
<tr>
<th>Version</th>
<th>Date from</th>
<th>Date to</th>
<th>Amendment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.0</td>
<td>Sept 2014</td>
<td>Sept 2016</td>
<td>Template</td>
</tr>
</tbody>
</table>