

Description of Service:

Tertiary Level Renal Consulting Services are provided at Lyell McEwin Hospital.

Scope of Service:

- > Inpatient consultations
- > Inpatient admissions
- > Day procedures
- > Dialysis

Conditions seen include:

- > Proteinuria or rise in creatine
- > Nephrotic Syndrome
- > New onset renal failure
- > Renal Anaemia
- > Familial Kidney Disease
- > ANCA vasculitis

Exclusion criteria:

- > Acute transplantation services

Service Referral Criteria:

- As per the National Health Reform Agreement (NHRA), NALHN prefers all referrals to be to a named clinician currently providing the service (see list over page).
- All referrals to the NALHN Specialist Outpatient Service must meet the SA Health Outpatient Minimum Referral Requirements including:
 - Current patient demographic information and contact details
 - Date of referral and the duration of the referral
 - Referring practitioner contact details
 - Referring practitioner's provider number
 - Signature of the referrer
 - General practitioner contact details (if not the referring clinician)
 - Workcover/Motor Vehicle Accident/Department of Veterans Affairs information (where relevant)
 - Comprehensive reason for referral
 - Requirement for interpreter services
 - Alerts to infectious status, allergies or communicable diseases that may affect other staff and patients being treated in the same vicinity
 - Relevant summary information on the patient's medical history, including current medications and allergies
 - Investigations and treatment undertaken
 - Relevant psycho-social issues.
- Reason for referral
 - To establish a diagnosis
 - For treatment or intervention
 - For advice and management
 - For specialist to take over management
 - Confirmation for GP or second opinion
 - For a specified test/investigation the GP can't order, or the patient can't afford or access
 - Reassurance for the patient/family

- For other reason (e.g. rapidly accelerating disease progression)
 - Clinical judgement indicates a referral for specialist review is necessary.
- Patient preference for telehealth vs face to face appointment (service delivery method will ultimately be the decision of the triaging clinician) but telehealth can be an active part of the review process particularly for patients who have difficulties with travel.

- Essential referral information
- Identifies as Aboriginal and/or Torres Strait Islander
 - Patient under Guardianship of the Chief Executive (GOCE)
 - *Previous procedures (list if relevant)*
 - *Family history (if relevant)*
 - *Specific tests or investigations (list if relevant)*
 - *Imaging reports (list if relevant)*
- Patients are seen based on the urgency, as judged from the referral, so referring doctors are urged to give a full and detailed referral to ensure that this is equitably managed.

Renal Specific Minimum Referral Criteria





Investigations required

- All recent and past kidney function tests; CBE, CRP, LFT, urine tests (protein and urine microscopy if blood and protein present)
- Any relevant x-rays (renal tract ultrasound & other imaging)

Condition specific essential referral information (if relevant)

- Please include copies of all reports and results

Red Flag - Suggest immediate referral

-  Malignant Hypertension
-  Hyperkalaemia with AKI
-  Oliguria and rise in creatinine
-  Suspected Vasculitis

URGENT Target < 1month	SEMI-URGENT Target <3months	NON-URGENT Target <12months	Not Accepted
<p>Condition has the potential to require more complex or emergency care if assessment is delayed</p> <p>Condition has the potential to have significant impact on quality of life if care is delayed eGRF < 30.</p>	<p>Condition is unlikely to require more complex care if assessment is delayed.</p> <p>Condition has the potential to have some impact on quality of life if care is delayed. eGRF 30 – 45 Microscopic haematuria.</p>	<p>Condition is unlikely to deteriorate quickly</p> <p>Condition is unlikely to require more complex care if assessment is delayed eGRF >45</p>	<p>> Acute Transplantation Services</p>

<ul style="list-style-type: none"> > Acute onset proteinuria and Nephrotic Syndrome > Rising creatinine over a period of 1 week > New onset renal failure > SLE with proteinuria/rise in creatinine > ANCA vasculitis 	<ul style="list-style-type: none"> > Macroscopic haematuria (after negative urological evaluation) > Proteinuria PCR>100 mmol/L or ACR > 70mg/mmol unless explained by DM > Familial kidney disease 	<ul style="list-style-type: none"> > Stable CKD > Stable proteinuria <1g > Electrolyte disorders (e.g. Hypokalaemia) > Renal anaemia Hb<100 > Uncontrolled Hypertension despite 4 agents. <p>eGFR > 45 - Do not usually need to see a specialist unless there are atypical features.</p> <p>Please specify if this is a referral for an older person with a mild rise in creatinine.</p>	
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Consultants

- > Dr Tony Elias
- > Dr Nitesh Rao (Head of Unit)
- > Dr Maleeka Ladhani
- > Dr Jola Kapojos
- > Dr Bee Tan

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Clinical Resources

Health Pathways SA is available to South Australian GPs and health professionals. Currently over 200 clinical and service referral pathways have been localised for SA and are available on the HealthPathways live portal. New clinical and service referral pathways are continuing to be developed all the time. You can check the [HPSA](#) homepage or the project site for an up to date listing of recently published pathways and updated pathways.

Discharge Guidelines

Patients whose medical condition has stabilised or resolved and for whom no further appointment has been made will be formally discharged. Patients who failed to attend two consecutive scheduled outpatient visits will also be discharged. If a further assessment is required, a new referral that explains the reason should be directed to the unit.

For More Information or to Make a Referral

Lyell McEwin Hospital

Location:

LMH Referral Fax Number: (TBA)

Phone Number: via LMH Switchboard 8182 9000

Modbury Hospital

Location:

MH Referral Fax Number: (TBA)

Phone Number: via MH Switchboard 8161 2000

For more information about NALHN Outpatient services - www.sahealth.sa.gov.au/NALHNoutpatients

Version	Date from	Date to	Amendment
1.0	July 2015	July 2016	Original
2.0	May 2016	March 2019	New Template
3.0	March 2019	September 2021	Revised Document, New Template
4.0	September 2021		Revised Criteria, New Template

Acknowledgement: Content for this document was primarily sourced through the SALHN Specialty Outpatient Guidelines 2014/15