

Renal Referral Checklist – please attach to your referral

Patient Name: _____

DOB: ___/___/___

Address: _____

Immediate referral (Contact 9431 3333 and ask for on call consultant)

Malignant hypertension, hyperkalaemia (K >7.0mmol/l) or eGFR <15ml/min

Urgent referral (Category 1 <30 days)

Suspected systemic illness (eg SLE), nephrotic syndrome (proteinuria, low albumin, oedema) or eGFR 15-29ml/min

Routine referral (Category 2 = 30-90 days)

Proteinuria (urine PCR >100mg/mmol), macroscopic haematuria without urological abnormalities or eGFR 30-59ml/min and:

- | | |
|-----------------------------|---|
| a. Indigenous with diabetes | e. Abnormal potassium, calcium or phosphate |
| b. Microscopic haematuria | f. Uncontrolled hypertension on 3 agents including a diuretic |
| c. Urinary PCR >50mg/mmol | g. eGFR <60ml/min and eGFR decline >10% in 2 months |
| d. Anaemia (Hb <100g/l) | |

Other referral (Category 3 = 90-365 days)

eGFR 30-59ml/min without criteria a.-g., other (specify):

General information

- Diabetes mellitus: no , yes , comments
- Hypertension: no , yes , comments
- Cardiac disease: no , yes , comments.....
- Peripheral Vascular disease no , yes , comments.....
- ATSI: no , yes
- Other:

- Current medications

Allergies

Other (eg. Social occupational family).....

Mandatory (please attach investigations)

Serum/blood

- Creatinine _____ μmol/l
- Urea _____ mmol/l
- Potassium _____ mmol/l
- Albumin _____ g/l
- Haemoglobin _____ g/l
- Blood glucose _____ mmol/l

Urine

- protein/creatinine ratio _____ mg/mmol
- dipstick blood neg pos
- dipstick protein neg pos

If diabetes

- HbA1c (if diabetes) _____ %

Desirable

- Calcium _____ mmol/l
- Phosphate _____ mmol/l
- Previous serum creatinine values _____ μmol/l (___/___/___)
- _____ μmol/l (___/___/___)
- Result of renal ultrasound attached not available
- Report of urology consult attached not available

Doctor: Date:

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Issued	April 2008
Revisions	
This version	April 2008
Revision	February 2009
Reference	ID 14075 Document ID 14075 Internet GP Handbook