

Nephrology Specialist Clinics at Western Health:

Western Health provides the following specialist clinics for patients who require assessment and management of renal related conditions by a Nephrologist. Patients will be triaged into one of these clinics for management according to their clinical needs:

1. **CKD 4-5:** A clinic designed to facilitate care of patients with renal impairment stage 4-5 who are approaching dialysis, transplant or supportive care.
2. **Renal replacement clinic:** A multidisciplinary clinic designed to manage patients on dialysis or approaching the need for dialysis.
3. **CKD1-3:** Renal clinic directed at those in early stages of renal disease, including new onset renal disease, autoimmune renal related conditions difficult to control blood pressure, patients with renal stones who require metabolic assessment, genetic causes of renal diseases, patients with haematuria, proteinuria as defined under “access and referral priority nephrology specialist clinics” (page 3).
4. **Sunbury Clinic:** A general renal clinic for patients at all stages of renal impairment, see “access and referral priority nephrology specialist clinics” (page 3).
5. **Melton Dialysis clinic:** A renal clinic designed to support the local dialysis patients
6. **Renal transplant clinics:** Designed to care for those with renal transplant or those patients being worked up for a renal transplantation

Conditions not seen at Western Health:

The following common conditions are not seen in Nephrology Specialist clinics at Western Health:

- Microalbuminuria (ACR < 25mg/mmol for Men and < 35mg/mmol for Women) with normal renal function and the absence of haematuria with normal renal imaging.
- Controlled blood pressure without suggestion of secondary cause.
- Renal calculi requiring urological management please refer directly to urology for this service.
- Renal anatomical lesions including cysts in particular complex cysts that require direct referral to urology.
- Issues related to renal obstruction, please refer to urology unit.

Conditions that require urgent direct referral to the Renal Registrar on call:

- Kidney transplant recipients with intercurrent acute illness requiring inpatient treatment.
- Major metabolic disturbance (hyperkalaemia or severe acidosis).
- Chronic dialysis patients with acute intercurrent illness requiring inpatient treatment.
- Upper urinary tract infections (pyelonephritis).
- Rapidly rising creatinine in setting of haematuria and proteinuria suggesting acute glomerulonephritis.
- Patients with acute nephrotic syndrome.

Please note if any concerns please call on call renal registrar to discuss the case to best facilitate patient management. Renal Registrar Number: 03 8345 6666

Access & Referral Priority Nephrology Specialist Clinics:

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

<p style="text-align: center;">URGENT</p> <p style="text-align: center;">Appointment timeframe within 30 days</p>	<p style="text-align: center;">ROUTINE</p> <p style="text-align: center;">Appointment timeframe greater than 30 days, depending on clinical need.</p>
<p>Stage 4 and 5 chronic kidney disease of any cause</p> <ul style="list-style-type: none"> (eGFR <30ml/min/1.73m²) to assess suitability for dialysis/transplant planning or conservative care pathway. <p>Glomerular haematuria with macroalbuminuria</p> <p>Persistent ACR elevation</p> <ul style="list-style-type: none"> ≥25mg/mmol for men ≥35mg/mmol for women <p>NB. Persistent is defined as present on 2 or 3 urine specimens over a 3 month period, which indicates proteinuria of significant degree requiring investigation</p>	<p>Progressive loss of kidney function.</p> <ul style="list-style-type: none"> Decline documented by repeat blood samples within 14 days or less Decline in eGFR of >10 ml/min/1.73 m² over 3 years, >5 ml/min/1.73 m² in 12 month period. <p>Uncontrolled blood pressure despite 3 or greater agents on therapeutic doses.</p> <p>Unexplained anaemia where other causes for anaemia have been excluded.</p> <ul style="list-style-type: none"> <100g/dl in setting of renal impairment eGFR <45ml/min/1.73m² <p>Recurrent renal stones that require a metabolic assessment.</p> <ul style="list-style-type: none"> Please note for all other renal calculi management referral to a Urologist is indicated. <p>Genetic or autoimmune renal disease.</p> <p>Management of dialysis patients.</p> <p>Management of renal transplant recipients.</p>

Condition Specific Referral Guidelines:

Key information enables Western Health to triage patients to the correct category and provide treatment with fewer visits to specialist clinics, creating more capacity for care. If key information is missing, you may be asked to return the referral with the required information.

Condition:	Key Information Points:	Clinical Investigations:
<p>All Nephrology conditions require the same clinical work up.</p> <ul style="list-style-type: none"> <i>It is important to note that intra-individual variation in eGFR readings can be as high as 15-20% between consecutive eGFR measurements, such that a number of readings are required before one can be confident that a decrease in eGFR of >5 ml/min/1.73 m² in 12 months is real.</i> 	<ul style="list-style-type: none"> Background Clinical History, specifically the following: <ul style="list-style-type: none"> Hypertension Diabetes, Vascular Disease. Chronic Kidney Disease Renal Calculi Recurrent UTI. Family history of chronic kidney disease Identification as Aboriginal or Torres Strait Islander Smoking History >20 years Medication List - Current plus document any new medication changes made. Referrals for Anaemia should list all/any previous investigations undertaken to explore aetiology. 	<p>Essential:</p> <ul style="list-style-type: none"> U+E including Creatinine and eGFR (2 x samples separated by time) Spot Urine for Alb/Creatinine ratio or protein/creatinine ratio (2 x samples) MSU for evaluation of urinary sediment (2 x samples) FBE Renal tract ultrasound <p>As indicated:</p> <ul style="list-style-type: none"> B12/folate, iron and myeloma studies if anaemic Calcium, phosphate, albumin PTH Autoimmune serology as clinically indicated Record of previous urinalysis and biochemistry.