

# Indications for referral to a Nephrologist<sup>8,25</sup>

## Appropriate referral is associated with:

- reduced rates of progression to ESKD
- decreased patient morbidity and mortality
- decreased need for and duration of hospitalisation
- increased likelihood of timely preparation of permanent dialysis access prior to dialysis onset
- increased likelihood of kidney transplantation

## Referral to a specialist renal service or Nephrologist is recommended in the following situations:

- eGFR < 30 mL/min/1.73m<sup>2</sup> (Stage 4 or 5 CKD of any cause)
- Persistent significant albuminuria (urine ACR ≥30 mg/mmol)
- A sustained decrease in eGFR of 25% or more OR a sustained decrease in eGFR of 15 mL/min/1.73m<sup>2</sup> within 12 months
- CKD with hypertension that is hard to get to target despite at least three anti-hypertensive agents

The individual's wishes and comorbidities should be taken into account when considering referral.

## In the absence of other referral indicators, referral is not necessary if:

- Stable eGFR ≥30 mL/min/1.73m<sup>2</sup>
- Urine ACR < 30 mg/mmol (with no haematuria)
- Controlled blood pressure

The decision to refer or not must always be individualised, and particularly in younger individuals the indications for referral may be less stringent. Discuss management issues with a specialist by letter, email or telephone in cases where it may not be necessary for the person with CKD to be seen by the specialist.

## Recommended tests prior to referral:

- Current blood chemistry and haematology
- Urine ACR and urine microscopy for red cell morphology and casts
- Current and historical blood pressure
- Urinary tract ultrasound

## Tests not recommended prior to referral:

- Urine culture
- Spiral CT angiogram for hypertension (without specialty advice)

For a sample referral letter template, visit [www.kcat.org.au](http://www.kcat.org.au).

### Clinical tip

*Anyone with rapidly declining eGFR and/or signs of acute nephritis (oliguria, haematuria, acute hypertension and oedema) should be regarded as a medical emergency and referred without delay.*