

Outpatient Nephrology

Referral Form for Primary Care Providers

Please find an outpatient nephrology referral form for primary care providers (PCP) developed by the Ontario Renal Network, part of Ontario Health, on the next page. Recommended reasons for referral of people with nephrological problems are outlined, and these mirror the Ontario Renal Network's KidneyWise Toolkit Clinical Algorithm .

Indications for referral for chronic kidney disease (CKD), including proteinuria

- eGFR < 30, or
- Rapid deterioration in kidney function: eGFR < 45 and decline of > 5 within 6 months in absence of self-limited illness; eGFR must be repeated in 2-4 weeks to confirm persistent decline, or
- ACR > 30 in people without diabetes, or
- ACR > 60 in people with diabetes, or
- 5-year Kidney Failure Risk Equation (KFRE) \geq 5%

While people and their PCP often want to arrange a timely appointment so that their clinical concerns can be addressed and/or alleviated quickly, most nephrologists will triage referred individuals based on level of need. Those people who are at high risk of progressing to end-stage kidney disease (EKD), and/or who may require a renal biopsy for diagnosis, should be seen more urgently.

Other Indications for referral to nephrology

- Resistant or suspected secondary hypertension
- Suspected glomerulonephritis/renal vasculitis, including RBC casts or hematuria
- Metabolic work-up for recurrent kidney stones
- Clinically important electrolyte disorder

Please note that the use of non-steroidal anti-inflammatory drugs (NSAIDs) should be discontinued prior to confirming very low or rapidly declining kidney function, as they are a common reversible cause of a decline in eGFR. Also, note that initiating the use of an angiotensin converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB) may cause a reversible decline in eGFR (up to 30%) that does not necessarily warrant referral.

Some patients who do not meet the referral criteria may nevertheless benefit from nephrology guidance. Referral of a patient who does not meet the referral criteria outlined below can be requested by PCPs. Primary care providers are encouraged to consider utilizing the provincial eConsult service if they would like further guidance on patient management. For more information on eConsult please visit <https://econsultontario.ca/>. If you feel the individual needs to be seen within 24 hours, contact the nephrologist on-call in your region for further discussion.

The KidneyWise Clinical Toolkit Helps PCPs to:

- Determine which people are at high risk of developing CKD
- Properly diagnose people with CKD
- Manage people with CKD in primary care and reduce their risk of further progression
- Determine which people would benefit from referral to nephrology

www.kidneywise.ca

Patient Information (please fill out or affix label)	
Name:	DOB:
Address	
Phone #	Health Card #
Alt. Contact Info:	

Outpatient Nephrology Referral Form

Date of Referral:	Is this a re-referral? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Nephrologist Previously Seen:	

Recommended Reason for Referral:

Indications for referral for chronic kidney disease (CKD), including proteinuria:

- eGFR <30 on 2 occasions, at least 3 months apart, *or*
- Rapid deterioration in kidney function: eGFR <45 and decline of ≥ 5 within 6 months in absence of self-limited illness; eGFR must be repeated in 2-4 weeks to confirm persistent decline, *or*
- Proteinuria: urine ACR >30 mg/mmol in patients without diabetes or >60mg/mmol in patients with diabetes on at least 2 of 3 occasions, *or*
- 5-year KFRE $\geq 5\%$

Other Indications for referral to nephrology:

- Resistant or suspected secondary hypertension
- Suspected glomerulonephritis/renal vasculitis based on hematuria (see KidneyWise Toolkit for recommended hematuria referral criteria)
- Clinically important electrolyte disorder
- Metabolic work-up for recurrent renal stones
- Other (consider using the provincial eConsult service)

Additional Comments:

Co-morbid Conditions

- Diabetes mellitus Coronary artery disease Hypertension Frailty Peripheral vascular disease
- Cognitive impairment Previous Stroke Connected tissue disease (eg SLE, RA, Vasculitis)

Lab Values: Please fill out below if applicable; refer to the ORN KidneyWise Clinical Algorithm for suggested investigations

Date 1:	eGFR:	Creatinine:	Urine ACR:
Date 2:	eGFR:	Creatinine:	Urine ACR:
HbA1c:	Hgb:	K ⁺ :	Ca ²⁺ :
PO ₄ ³⁻ :	Albumin:	PTH:	Hematuria (dipstick):

Other (or attach):

Current Medications: (please attach separately)

Referring Practitioner/Address/Phone/Fax:	Referring Billing #:
	Signature: