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 the following clinics for management according to their clinical needs:

Clinic	Description
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.
Renal Replacement Clinic	A multi-disciplinary clinic designed to manage patients on dialysis or approaching the need for dialysis.
CKD 1-3	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” (page 3).
Sunbury Clinic	A general renal clinic for patients at all stages of renal impairment, see “Access and Referral Priority Nephrology” (page 3).
Melton Dialysis Clinic	A renal clinic designed to support the local dialysis patients
Melton General Renal Clinic	A renal clinic designed to support the local CKD patients
Renal transplant clinics	Designed to care for those with renal transplant or those patients being worked up for a renal transplantation
Renal Rapid Access Clinic	A clinic designed to see the bulk of new referrals and formulate a management plan. In general, most routine referral will receive 1-3 clinic reviews. They will then be discharged back to their GP with a management plan and criteria for referral back to Nephrology if their CKD progresses in the future. Where appropriate patients may be transferred to another renal clinic for ongoing follow up.
Endocrine Renal Clinic	Specific Clinic to address endocrine issues such as renal bone disease and Diabetes Mellitus in CKD patients. Most patients will be reviewed over 1-3 clinic reviews and a plan of management formulated the patient will then be discharged back to their GP or transferred to another renal clinic if appropriate.
Urgent Renal Review Clinic	Designed for rapid review of post discharge patients to facilitate care. Only for internal referrals.

Conditions not seen by Nephrology Specialists at Western Health:

The following common conditions are NOT SEEN in Nephrology Specialist Clinics at Western Health:

Patients with **renal colic** or evidence of **urinary obstruction** should be referred immediately to either the **Emergency Department** or **Urology.**

Renal cysts and renal masses:
When these lesions require assessment (e.g., to exclude malignancy) they should be referred to **Urology.** If there is a clinical suspicion of **inherited polycystic kidney disease,** this is appropriate for referral to Nephrology.

Please note the following:
In most cases of CKD nephrology, referral is not necessary (in the absence of other referral indicators) for:

- Stable eGFR > 30mL/min/1.73m
- Urine ACR < 30 mg/mmol (with no haematuria)
- Controlled blood pressure without suggestion of a secondary cause

The decision to refer or not must always be individualised and, particularly in younger individuals, the indications for referral may be less stringent.

Kidney stones:
Most patients with Kidney Stones do not require assessment by Nephrology. **Exceptions are complex and/or recurrent cases** that require a **metabolic workup** for an underlying cause of stone formation.

Nephrology Alarm Symptoms:

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.

If any concerns please call the on-call Renal Registrar via hospital switch (03 8345 6666) to discuss the case and to best facilitate patient management:

Access & Referral Priority Nephrology:

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.

URGENT **Appointment timeframe 30 days**	ROUTINE **Appointment timeframe greater than 30 days, depending on clinical need.**
• Severe chronic kidney disease (eGFR < 20/ml/min/1.73m2 or rapidly progressive) • High risk glomerulonephritis • Glomerular haematuria with macroalbuminuria	**Progressive loss of kidney function:** • CKD with a sustained decrease in eGFR of 25% or greater within 12 months OR sustained decrease in eGFR of 15ml/min/1.73m2 per year. • Genetic kidney disorders e.g., polycystic kidneys Anaemia of renal disease (where other causes have been excluded). • Complex renal stone makers that require metabolic assessment (please see information above re criteria). • Please note for all other renal calculi management referral to a Urologist may be indicated. **Uncontrolled blood pressure despite 3 or greater agents on therapeutic doses.** **Unexplained anaemia where other causes for anaemia have been excluded.** • *<100g/dl* in setting or renal impairment *eGFR <45ml/min/1.73m2*

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:
Acute sustained decline in renal function	• Medical history • Current medication list and details of any recent changes made • Smoking history • Relevant family history • ATSI status	• FBE • U&E • eGFR • Spot urine protein creatinine ratio • MSU • Renal tract ultrasound
CKD with a sustained decrease in eGFR of 25% or greater within 12 months OR sustained decrease in eGFR of 15ml/min/1.73m2 per year	• Medical history • Current medication list and details of any recent changes made • Smoking history • Relevant family history • ATSI status	• U+E including Creatinine and eGFR (2 x samples separated by time, minimal) • Spot Urine for Alb/Creatinine ratio or protein/creatinine ratio (2 -3 x samples over a 3-month period) • MSU for evaluation of urinary sediment (2 x samples) • FBE • Ca/Po4 • PTH • vitamin D • Lipids • LFTs • HbA1c, (if diabetic) • uric acid • Renal tract ultrasound • If indicated: autoimmune serology (ANA, ANCA, anti- GBM, ASOT, dsDNA, C3, C4)
HT uncontrolled despite 3 agents	• Medical history including age of onset and treatment to date	• FBE • U&E • eGFR

Condition:	Key Information Points:	Clinical Investigations:
	• Current medication list • Smoking history • Relevant family history • ATSI status	• Spot urine protein creatinine ratio • MSU • Renal tract ultrasound
Complex renal stones	• History and treatment to date • Medication list • Relevant family history	• FBE • Urea and electrolytes incl eGFR • Calcium • Phosphate • Parathyroid hormone levels • Vitamin D Serology • Se Uric acid • Urinalysis for microscopy, albuminuria and urine pH; • 24hr urine for 1.volume, albumin and pH, 2. urinary excretion of calcium, oxalate, uric acid and citrate. • CT Kidney ureter and bladder • Renal tract ultrasound if performed
Unexplained anaemia where other causes for anaemia have been excluded.	• Medical history incl menstrual history if relevant • Medication list • Relevant family history	• Details of previous investigations undertaken to explore aetiology • FBE • U&E • eGFR • B12/folate • Iron studies • Myeloma screen (serum and urine EPG, free light chains)
Urine ACR ≥ 30 mg/mmol	• Medical history • Medication list • Relevant family history • Smoking history	• U+E including Creatinine and eGFR (2 x samples separated by time, minimal) • Spot Urine for Alb/Creatinine ratio or protein/creatinine ratio (2 -3 x samples over a 3-month period)

Condition:	Key Information Points:	Clinical Investigations:
		• MSU for evaluation of urinary sediment (2 x samples) • FBE • Renal tract ultrasound
Haematuria	• Medical history • Medication list • Relevant family history	• U+E including Creatinine and eGFR (2 x samples separated by time, minimal) • Spot Urine for Alb/Creatinine ratio or protein/creatinine ratio (2 -3 x samples over a 3-month period) • MSU for evaluation of urinary sediment (2 x samples) • FBE • Renal tract ultrasound
Genetic kidney disorders	• Medical history • Medication list • Relevant family history	• U+E including Creatinine and eGFR (2 x samples separated by time, minimal) • Spot Urine for Alb/Creatinine ratio or protein/creatinine ratio (2 -3 x samples over a 3-month period) • MSU for evaluation of urinary sediment (2 x samples) • FBE • Renal tract ultrasound
Renal Transplant	• Medical history incl details of underlying condition and transplant dates • Medication list • Relevant family history	• U+E including Creatinine and eGFR (2 x samples separated by time, minimal) • Spot Urine for Alb/Creatinine ratio or protein/creatinine ratio (2 -3 x samples over a 3-month period) • MSU for evaluation of urinary sediment (2 x samples) • FBE • Renal tract ultrasound