

**Colchester Hospital University
NHS Foundation Trust**

In Partnership with

North East Essex Clinical Commissioning Group

**Referral Guidelines for Renal Patients
With Chronic Kidney Disease
2016**

APPROVED BY: North East Essex Medicines Management Committee August 2016

VERSION: 2 **REVIEW DATE:** August 2016

AUTHOR: Jonathan Tang, Renal Lead Pharmacist (CHUFT)

REVIEWED BY: Dr Cserep, Dr Sinnamon, Dr Khawnekar, Richard Needle

Please note that this information is correct at the date of publication

This new set of guidelines is based on the NICE clinical guideline CG182 (January 2015, replacing CG73 of 2008) about the assessment and management of Chronic Kidney Disease. The goal of this set of local guidelines is to help general physicians and general practitioners in the referral process of renal patients to the renal department. More detailed information can be found in the full guideline.

Classification of Chronic Kidney Disease (CKD)*

Stage ^a	eGFR (ml/min/1.73 m ²)	Description
1	≥ 90	Normal or increased GFR, with other evidence of kidney damage (e.g. albuminuria, urine sediment abnormalities, electrolyte and other abnormalities caused by tubular disorders, abnormalities detected by histology, structural abnormalities detected by imaging and a history of kidney transplantation)
2	60–89	Mild decrease in GFR
3A	45–59	Mild to moderate decrease in GFR
3B	30–44	Moderate to severe decrease in GFR
4	15–29	Severe decrease in GFR
5	< 15	Established renal failure (“End-stage renal disease”, ESRD)

* Kidney Disease Improving Global Outcomes (KDIGO) GFR categories

^a Use the suffix (**p**) to denote the presence of **proteinuria** when staging CKD (recommendation 1.2.1).

The online eGFR calculator can be found at <http://egfrcalc.renal.org/> or <http://patient.info/doctor/estimated-glomerular-filtration-rate-gfr-calculator>

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Criteria for referral to specialist services

1. eGFR less than 30 ml/min/1.73 m² (category G4 or 5)
2. Higher levels of proteinuria (ACR **70 mg/mmol** or more, approximately equivalent to PCR **100 mg/mmol** or more, or urinary protein excretion **1g/24h** or more) unless known to be due to diabetes and already appropriately treated
3. Proteinuria (ACR **30mg/mmol** or more, approximately equivalent to PCR **50mg/mmol** or more, or urinary protein excretion **0.5g/24h** or more) together with haematuria
4. Sustained decrease in eGFR of 25% or more, or a sustained decrease in eGFR of 15 ml/min/1.73 m² or more within 12 months
5. Hypertension that remains poorly controlled despite the use of at least four antihypertensive drugs at therapeutic doses (see 'Hypertension: management of hypertension in adults in primary care' [NICE clinical guideline 34])
6. People with, or suspected of having, rare or genetic causes of CKD
7. Suspected renal artery stenosis.

Information needed for referral

1. General medical history
2. Urinary symptoms
3. Medication
4. Examination, eg. BP, oedema, palpable bladder or other positive findings
5. Urine dipstick for blood and protein
6. Urine protein/creatinine ratio, if proteinuria present - early morning urine (EMU) preferable (in diabetes, result of urine albumin/creatinine ratio if dipstick proteinuria negative)
7. Blood count
8. Serum creatinine, sodium, potassium, albumin, calcium, phosphate, cholesterol,
9. HbA1C (in diabetes)
10. All previous serum creatinine results with dates
11. Result of renal ultrasound scan or any other imaging if available

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