This Kidney Disease Referral Pathway is a modified version of that used by KidneyHealth.ca.

Its purpose is to assist in the decision for referral to nephrology when CKD is diagnosed based on chronic reduction in eGFR, sustained abnormal albuminuria or persistent hematuria

It is built on the assumption that the primary care community has an appropriate management approach to diabetic nephropathy and/or CKD with a stable eGFR ≥ 30 ml/min/m2 and/or non-nephrotic proteinuria.

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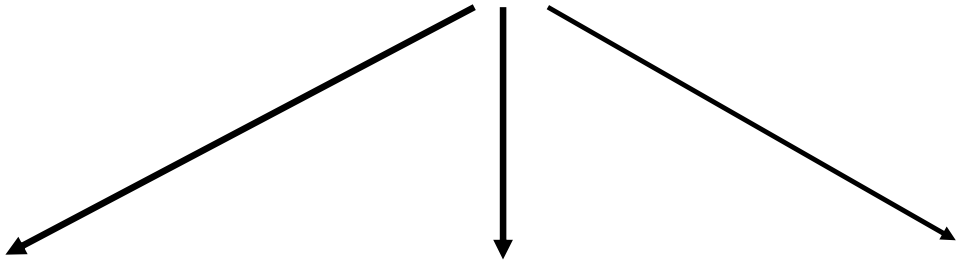
Panel 1

Chronic Kidney Disease Referral Order

This referral guidance pertains to chronic kidney disease based on eGFR < 60 ml/min/1.73 m2 and/or uACR > 30 mg/g and/or hematuria documented on two serum or urine samples. For other referrals, indicate your clinical question in the referral and include supporting notes/test results.

Start

What Is GFR?



eGFR < 15
Goto Panel 2

eGFR 15 to 59.99
Goto Panel 3

eGFR ≥ 60
Goto Panel4

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Panel 2

Chronic Kidney Disease Referral Order

eGFR < 15 Chosen

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Contact UVMMC Nephrology Directly
Urgent referral

↓

If not ordered in the past month:
Order – BMP, phosphorus, serum albumin, UA, urine albumin to creatinine ratio (uACR), CBC with differential, ANCA (with antimyeloperoxidase AB and anti-proteinase3 AB), ANA, C3 and C4 Complement levels
Renal US
If over 40 years old, obtain SPEP with immunofixation, UPEP (urine for Monoclonal protein and serum free light chain ratio.

↓

Follow BMP monthly until Nephrology consultation complete.

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Panel 3

eGFR 15 to 59.9 Chosen

Is Hematuria Present?

Yes

Routine Nephrology Consultation

If not ordered in the past 2 months:
Order – BMP, phosphorus, serum albumin, UA, urine albumin to creatinine ratio (uACR), CBC with differential, ANCA (with antimyeloperoxidase AB and anti-proteinase3 AB),ANA, C3 and C4 Complement levels
Renal US
If over 40 years old, obtain SPEP with immunofixation, UPEP (urine forMonoclonal protein and serum free light chain ratio.

Follow BMP monthly until Nephrology Consultation complete.

If eGFR declines > 20% in one month, Contact Nephrology to expedite consul.

No

Is uACR > 700 mg/g

Yes

Routine Nephrology Consultation

Order the following tests if not done within the past 2 months

BMP, phosphorus, albumin, uACR, UA, CBC with differential,
Renal US
If over 40 years old, obtain SPEP with Immunofixation, UPEP for monoclonal Protein and serum free light chain ratio

Follow BMP monthly until Nephrology Consultation complete.

If eGFR declines > 20% in one month, Contact Nephrology to expedite consult.

No

Is the eGFR < 30 or KFRE > 3% in 5 years

Yes

Routine Nephrology Consultation

Order the following tests if not done within the past 2 months

BMP, phosphorus, albumin, uACR, UA, CBC with differential,
Renal US
If over 40 years old, obtain SPEP with Immunofixation, UPEP for monoclonal Protein and serum free light chain ratio

Follow BMP monthly until Nephrology Consultation complete.

If eGFR declines > 20% in one month, Contact Nephrology to expedite consult.

No

For eGFR 30 to 59

Repeat blood and Urine tests every 3-6 Months

If eGFR declines > 20% in one month or > 10% over two years or uACR or uACR rises to > 700 mg/g on two successive measurements – Routine nephrology consultation

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Panel 4

eGFR ≥ 60

Is Hematuria Present?

Yes

Is uACR > 700 mg/g?

Yes

Routine Nephrology Consultation

If not ordered in the past 2 months:
Order – BMP, phosphorus, serum albumin, UA, urine albumin to creatinine ratio (uACR), CBC with differential, ANCA (with antimyeloperoxidase AB and anti-proteinase3 AB),ANA, C3 and C4 Complement levels

Renal US

If over 40 years old, obtain SPEP with immunofixation, UPEP (urine for Monoclonal protein) and serum free light chain ratio.

No

Order – BMP, phosphorus, serum albumin, UA, urine albumin to creatinine ratio (uACR), CBC with differential, ANCA (with antimyeloperoxidase AB and anti-proteinase3 AB),ANA, C3 and C4 Complement levels in one month
Check Renal US

eGFR decreased > 20% OR
uACR increased to > 700 mg/g OR
Any serology positive

Yes

Urgent referral to nephrology

No

Refer to Urology

No

Is uACR > 700 mg/g?

Yes

Routine Nephrology Consultation

If not ordered in the past 2 months:
Order – BMP, phosphorus, serum albumin, UA, urine albumin to creatinine ratio (uACR),

Renal US

If over 40 years old, obtain SPEP with immunofixation, UPEP (urine for Monoclonal protein) and serum free light chain ratio.

No

Is uACR < 30 mg/g

Yes

Your patient does not have CKD
Please cancel consult and screen yearly if high risk

No

Does your patient have one or more of the following?

Decline in eGFR > 10%/year
Decline in eGFR >20%/month
eGFR < 30

Yes

Routine Nephrology Consultation
Order the following tests if not done within the past 2 months
BMP, phosphorus, albumin, uACR, UA,CBC with differential, Renal US
Follow BMP monthly until Nephrology consultation complete.
If eGFR declines > 20% in one month,
Contact Nephrology to expedite consult.

No

Repeat eGFR and uACR in 3 months then every 6-12 months
Consult for changes

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