**Guidelines for referral for inpatient renal review**

Where appropriate the renal consultants may give advice over the phone rather than a face to face review. An outpatient appointment may also be offered if there is no need for the patient to remain in hospital.

Referrals should be made via the referral form (appendix 1) and emailed to: pho-tr.wkcadvice.sft@nhs.net

Below outlines the type of patients that should be referred.

**Referrals we would expect:**

* Renal transplant patients admitted to Salisbury with an acute problem
* Renal dialysis patients admitted to Salisbury with an acute problem
* New nephrotic syndrome
* AKI 3 not responding in the first 48 hours
* Filter dependent patients on ITU
* New glomerulonephritis- AKI, plus blood and protein in the urine
* CKD 4/5 with new acute decline

**Referrals we would not expect to see:**

* Long standing CKD with no acute decline
* AKI that are quickly improving
* Patients with a transplant or dialysis awaiting social input only with no acute medical issue
* Patients on end of life care (we are happy to discuss and advise where necessary)
* Patients with proven obstruction without a urology plan
* Patients with microscopic haematuria but no proteinuria and stable renal function
* Patients who are otherwise fit for discharge should not be kept in for a renal review, if they are well enough to go home (and do not have declining renal function or a new glomerulonephritis) we can deal with them on an outpatient basis.

**Expectations for patients referred**

New AKI or acute decline in function must have a Renal USS, daily U and E, A urine dipstick – please include in the referral. If an USS is pending we will review the patient to prevent delay, but we will not review without a urine dipstick and U and E. We would also recommend fluid balance charts are completed in all AKI/acute on chronic decline.

**Urgent referrals (Out of Hours/ weekends/ in need of advice within 24 hours)**

Please contact he renal doctor on call for all urgent advise/ transfers via QA hospital switch board 02392286000

This includes:

* + - Hyperkalaemia
		- Acidosis
		- Urgent need for dialysis / transfer
		- New acute GN with rapid decline
		- Dialysis patients who are anticipated not to be fit for Salisbury unit (to prevent delay in transfer)
		- Clotted or bleeding fistula
		- Lines which have fallen out/ bleeding/ line sepsis in a dialysis patient.

***Appendix 1:***

**Referral to Renal Consultant**

Please note all urgent issues requiring a decision within 24 hours and urgent Out of hours/weekend quires should be discussed with the renal doctor on call at Portsmouth Hospital via switchboard 02392286000 – see referral guidelines.

Patient name:

Date of Birth:

NHS Number: Ward:

Known to WKC? Yes No

Referral for:

In patient review Advice Outpatient review

Renal problem:

On dialysis Renal transplant Nephrotic CKD AKI

Current issue:

USS (for non dialysis patients):

Urine dipstick result:

Specific question for nephrologist:

Referrer details: (referral must be approved by registrar or consultant)

Name: Grade:

Contact details: Date: