

Renal Advice/Referral, Consider if:

Key Document code:	WAHT-TP-073	
Key Documents Owner:	Dr Martin Ferring	Consultant Renal and General Medicine
Approved by:	Specialist Medicine Divisional Governance	
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Extension Approved on:	17 th March 2022	
Date of review: This is the most current version and should be used until a revised document is in place	31 st December 2022	

Key Amendment

Date	Amendment	Approved by
February 2021	Documents extended for 6 months as per trust agreement	Trust Agreement
December 2021	Document extended for 6 months to allow for thorough review.	Specialist Medicine Governance
17 th March 2022	Renal documents extended until the end of the year, approved by Dr Trevelyan.	Dr Trevelyan

Renal Advice/Referral, Consider if:

1. e GFR <30- to prepare for future endstage kidney disease/treat renal anaemia & mineral bone metabolism
2. Severe proteinuria (uACR>70) – suggests glomerular disease, may need kidney biopsy
3. Proteinuria (u ACR >30) and haematuria- suggests glomerular disease, may need kidney biopsy
4. Proteinuria (u ACR>30) without diabetes- suggests glomerular disease, may need kidney biopsy
5. Persistent haematuria- in people <50 years, or if no urological abnormality found
6. Progressive renal decline by $\geq 25\%$ or by ≤ 15 ml/min/year.
7. Unable to achieve blood pressure control to target, particularly if u ACR > 30.
8. Hereditary renal disease eg APKD/ consideration for Tolvaptan.