

## Patient preparation for transplantation and dialysis in advanced chronic kidney disease

Key Document code:	WAHT-REN-013	
Key Documents Owner:	Dr Martin Ferring	Consultant Renal and
		General Medicine
Approved by:	Specialty Medicine Divisional Management Board	
Date of Approval:	8 <sup>th</sup> November 2022	
Date of review:	22 <sup>nd</sup> June 2026	
This is the most current version and should be used until a revised document is in place		

**Key Amendment** 

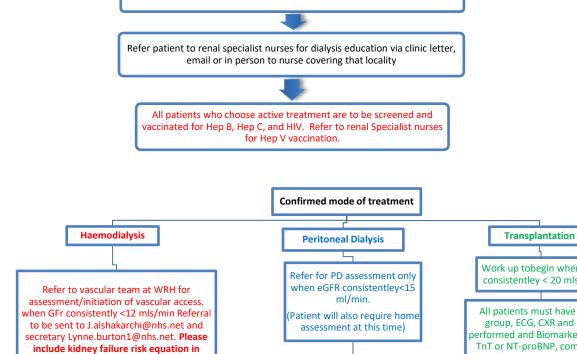
Date	Amendment	Approved by
November 2022	Previously used to refer patients to UHB, we now have local service in the Trust with a dedicated vascular surgeon, reducing the need for patients to travel to Birmingham and reduced waiting times.  Document approved for. 3 years	Specialty Medicine Divisional Management Board
22 <sup>nd</sup> December 2025	Document extended for 6 months to allow time for review and update	Rachael Hariman- Smith

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## Algorithm for the management of CKD patients

Patient has deteriorating renal function with eGFR of 20 ml/min or below



Patient to start Dialysis when eGFR 7-10 ml/min or symptomatic

For patients with access refer to

jovita.rancapero@uhb.nhs.uk,

arnold.bengan@uhb.nhs.uk and

anne-

marie.phythian@uhb.nhs.uk,

copy in

HDsatelliteTeam@uhb.nhs.uk to

start haemodialysis.

referral letter and urgency of referral

For patients with no access please do a consultant to consultant referral to Paul Cockwell and copy letter to the Advanced Kidney Care Team with a copy of the last clinic letter.

Patient has become symptomatic or requries a PD catheter insertion GFR  $\leq 10$ 

Refer patient to renal specialist nurses to complete referral or email letter

to:advancedkidneycareteamCNS@uh

b.nhs.uk, CAPDnurses@uhb.nhs.uk

and copy in

clare.pattenden@uhb.nhs.uk

Referral email to be sent to: PDSurgicalreferrals@uhb.nhs.uk CAPDnurses@uhb.nhs.uk and clare.pattenden@uhb.nhs.uk

Work up tobegin when GFR consistentley < 20 mls/min

All patients must have blood group, ECG, CXR and Echo performed and Biomarkers either TnT or NT-proBNP, completed Duke Activity Status Index Questionnaire (DASI)

High risk patients (over 60, diabetic, IHD, DASI<5.5 METS) Stress test will be required at QE as not done locally

History of diabetes or clinical evidence of vascular disease iliac/arterial dopplers are required. Venous duplex if history of DVT

Refer to transplant team when eGFR consistentley <15ml/min or below using pre-transplant referral checklist and include copies of all investigations. Email to: renaltransplantcoor@uhb.nhs.uk

Once accepted for transplantation, update transplant team of any decline in renal function for reactivation on the transplant waiting list.

All referrals should be sent with the last clinic letter included.

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