# Nephrology Referral (Unified condition pertinent data set for reduced glomerular filtration rate/renal dysfunction, albuminuria/proteinuria, and acute or subacute kidney injury)

<table>
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<th>Developed by</th>
<th>The American Society of Nephrology (ASN) and the Renal Physicians Association (RPA)</th>
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| **How developed** | • HVCC Workgroup members from the American Society of Nephrology (ASN) and the Renal Physicians Association (RPA) developed a list of 11 common reasons for referral to Nephrology clinics.  
  • An electronic survey (Survey Monkey) was developed and sent to members of the ASN Chronic Kidney Disease Advisory Group, the ASN Practicing Nephrologists Advisory Group and the RPA Clinical Practice Committee. Those completing the survey were asked to select the ‘5 most common conditions for which a patient is referred to a Nephrologist in an outpatient setting’. A total of 30 individuals completed the survey. The top 3 conditions selected were (1) reduced glomerular filtration rate/renal dysfunction, (2) albuminuria/proteinuria”, and (3) acute or subacute kidney injury.  
  • Nephrology HVCC Workgroup members developed referral forms for the conditions noted above, and circulated the forms to the HVCC Workgroup and to the same ASN and RPA advisory group/committee members noted above. Based on feedback received, the referral forms were streamlined into one, comprehensive form. |
| **Additional essential patient information** | • Patient’s age _____ sex _____ race _____ (If not included elsewhere)  
  • Why did you refer the patient to us?  
  • _____ concern about the severity of kidney disease  
  • _____ concern about the rapidity of progression of kidney disease  
  • _____ concern about the severity and rapidity of kidney disease  
  • _____ other reason:______________________________  
  • What is the most recent serum creatinine? _____ What was it a year ago? _____  
  • Does the patient have proteinuria/albuminuria?____ If so, how much?_____  
  • Does the patient have diabetes? __________  
  • Does the patient have hematuria? __________  
  • What is the recent average office blood pressure? ________________  
  • Current medication list:__________________ (If not noted elsewhere) |
| **Additional patient information, if available** | • Blood chemistry results, including BUN and creatinine levels  
  • Kidney imaging study results  
  • Urinalysis and urine chemistry (i.e. urine protein, creatinine) results  
  • Serological or autoimmunity tests (HIV, Hepatitis B and C, ANA, complements, etc.)  
  • Office blood pressure measurements |
| **Alarm symptoms/conditions** | • A rise in serum creatinine of at least 1mg/dL in the past month is considered a reason for urgent attention.  
  Does your patient meet this criterion? ___Yes ___No |
| **Tests/procedures to avoid prior to consult** | None provided |
| **Common rule-outs to consider prior to consults** | None provided |
Nephrology Referral (continued)

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<tr>
<th>Relevant &quot;Choosing Wisely&quot; elements</th>
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