



11.10 NEPHROLOGY REFERRAL GUIDELINES

Contracted Group: NKDHC

For Appointments:

Central Office:

2545 S Bruce St., #200
Las Vegas, Nevada 89169
Phone: (702) 732-2438
Fax: (702) 737-5043

Northwest Office:

2450 Fire Mesa St., #110
Las Vegas, NV 89128
Phone: 702-853-0090
Fax: 702-853-0096

Southeast Office:

861 Coronado Dr., #120
Henderson, NV 89052
Phone: 702-726-6344
Fax: 702-726-5828

Northeast Office:

1581 Mount Mariah Dr., #150
Las Vegas, NV 89106
Phone: 702-851-7766
Fax: 702-851-7760

Southwest Office:

5815 S Rainbow Blvd., #110
Las Vegas, NV 89118
Phone: 702-588-7077
Fax: 702-588-7079

Henderson Office:

1051 Wellness Place, #140
Henderson, NV 89011
Phone: 702-289-4037
Fax: 725-205-3833

The following diagnostics are needed prior to nephrology referral and consultations

Proteinuria

- Evaluation with renal panel, complete urinalysis, a urine spot for protein and Cr clearance, and protein electrophoresis.
- Significant proteinuria with a 24-hour protein of >500 mg (without hematuria) should be referred for a nephrologic evaluation.
- Proteinuria of >300 mg associated with gross or microscopic hematuria should be referred for a nephrologic evaluation.

Hematuria

- Gross and microscopic hematuria should be initially referred for urologic evaluation.
- Hematuria should be referred for a nephrologic evaluation after completion of a urologic evaluation, if deemed necessary by a urologist.
- Obtain a renal ultrasound and /or CAT scan of the abdomen and pelvis.
- Evaluation with a renal panel and complete urinalysis.

Renal Failure

- Cr clearance/estimated GFR of equal or <60 ml/min and/or Cr >1.8 mg/dl.
- Evaluation with a renal panel, CBC, complete urinalysis, urine spot protein/cr, micro albumin, protein electrophoresis, and PSA (males only).
- Obtain a renal ultrasound.

- Diabetic nephropathy should be treated with ACE or ARB medications and aggressive blood pressure and glycemic control. Patients with frank proteinuria with a 24 hour protein >500 mg may be referred for a nephrologic evaluation.
- Provide most recent Hemoglobin A1C level.

Nephrolithiasis

- Obtain a renal ultrasound and /or CAT scan of the abdomen and pelvis.
- Evaluation with panel, complete urinalysis, uric acid, PTH, 24-hour protein >500 mg may be referred for a nephrologic evaluation.
- Complicated stone with hydronephrosis and /or hydro ureter should be immediately referred for a urologic evaluation.

Nephrotic Syndromes with proteinuria, hyperlipidemia and hypoproteinemia require timely nephrology referral.

- Evaluation with renal panel, liver panel, lipid panel, urine spot for Cr clearance and protein, micro albumin, protein electrophoresis.
- Obtain a renal ultrasound.

Polycystic Kidney Disease (PKCD) and any genetic kidney disease should be referred for a nephrologic evaluation.

- Evaluation with a renal panel, urinalysis.
- Obtain a renal ultrasound and /or CAT scan of the abdomen and pelvis.

Hypertension, moderate to severe, requiring multiple medications should be referred for a nephrologic evaluation.

- Evaluation with a renal panel, urinalysis, spot urine for Cr and microalbumin.

The following situations do not normally require nephrology consultations

- **Acute Renal Failure** – particularly with oliguria, anuria or hyperkalemia-requires urgent evaluation in an acute care facility and is not appropriate for outpatient consultation.
- **Renal masses or complex renal cysts** worrisome for malignancy should be referred to an urologist for possible resection.
- **Simple renal cysts** are present in 20% of the population and do not require nephrology evaluation.
- **Hydronephrosis** implies post-renal obstruction and usually requires urologic consultation to address the underlying anatomic pathology.
- **Mild hyponatremia and hypokalemia** are generally related to diuretic therapy. A patient on diuretic therapy with a serum Na>126 meq/L and a serum k>3.1 meq/L do not generally require a nephrologic evaluation.