

## NON-URGENT ADVICE *(Specialists provide advice to physicians for non-urgent questions.)*

### eReferral Advice Request [www.albertanetcare.ca/ereferral.htm](http://www.albertanetcare.ca/ereferral.htm)

Log into Alberta Netcare and submit your questions with any pertinent documents electronically.  
Get a response within 5 calendar days.

### Consider eReferral Advice Request in any of the following situations:

- non-urgent electrolyte and acid base disorders
- resolving acute kidney injury (AKI) with clearly identified cause
- simple renal cyst(s)
- stable eGFR 30-60 with UACR  $\leq$  60 mg/mmol and no hematuria - Refer to Chronic Kidney Disease (CKD) Clinical Pathway that helps guide the care of your patient ([www.ckdpathway.ca/](http://www.ckdpathway.ca/)).

### For Physicians in Calgary Zone only:

#### Call Specialist Link [www.specialistlink.ca](http://www.specialistlink.ca)

Local: 403.910.2551 | Toll-free: 1.844.962.5456

Monday to Friday: 8a.m. to 5p.m. (excluding statutory holidays)

Get a call-back within 1 hour.

## OUTPATIENT NEPHROLOGY CLINICS *(Patient does NOT need to be seen urgently.)*

*\*Indicate a clear reason for referral and any confirmed diagnosis to assist in directing your referral.*

- Provide all required information and specific tests/investigations.
- Select referral locations (*Go to last page for referral processes*).
- See [QuRE Referral Consult Checklists](http://www.ahs.ca/QuRE) ([www.ahs.ca/QuRE](http://www.ahs.ca/QuRE)) for high-quality referral.

### EXCLUSIONS:

#### Refer to Urology if patient has:

- enlarged prostate
- isolated microscopic hematuria
- renal masses suspicious for malignancy
- symptomatic kidney stone

## URGENT CONSULT *(Patient needs to be seen within one week.)*

For Urgent advice, call RAAPID (South: 1-800-661-1700 | North: 1-800-282-9911) and ask for nephrologist on-call.

## EMERGENCY *(Patient needs to be seen immediately.)*

Refer directly to the emergency department or Call RAAPID (South: 1-800-661-1700 | North: 1-800-282-9911) and ask for nephrologist on-call.

- **New diagnosis of eGFR  $<$  10 mL/min/1.73m<sup>2</sup>**
- **Life threatening uremic symptoms**  
(marked hyperkalemia  $>$  6.5 mmol/L; pulmonary edema and kidney failure; pericarditis and kidney failure)
- **Severe rapidly progressive kidney failure**  
(significant decline in kidney function over days to weeks)

REASON FOR REFERRAL	ACCESS TARGET	PROCESS	MANDATORY INFORMATION
ACUTE NEPHROTIC SYNDROME	2 weeks	Refer to nephrology if patient has: <ul style="list-style-type: none"> <li>• Nephrotic range proteinuria, i.e. ACR&gt;180mg/mmol or proteinuria &gt;3g/day, AND</li> <li>• Low suspicion of diabetic nephropathy</li> </ul>	<b>Essential Investigations &amp; Timeframes &lt; 1 Week</b> <ul style="list-style-type: none"> <li>• serum creatinine / eGFR (including multiple measurements over previous years)</li> <li>• routine urinalysis</li> <li>• random urine albumin:creatinine ratio (ACR)</li> </ul> <b>&lt; 1 year</b> <ul style="list-style-type: none"> <li>• abdominal ultrasound</li> </ul>
HYPERTENSION REFRACTORY TO TREATMENT WITH 4 OR MORE ANTIHYPERTENSIVE AGENTS	2 weeks	Refer to nephrology.	
eGFR < 15 mL/min/1.73m <sup>2</sup>	2 weeks	If patient has new diagnosis of eGFR <10mL/min/1.73m <sup>2</sup> , refer patient directly to an Emergency Department.  If not, refer to nephrology.	
eGFR DECLINING OVER WEEKS TO MONTHS PLUS HEMATURIA AND/OR ALBUMINURIA	2 weeks	Refer to nephrology.	
RAPID DECLINE IN eGFR OVER DAYS TO WEEKS	2 weeks	Refer to nephrology.	
SUSPECTED GLOMERULONEPHRITIS in the setting of hematuria and/or albuminuria	2 weeks	If patient has severe rapidly progressive kidney failure, i.e. significant decline in kidney function (50% reduction from baseline eGFR and/or doubling of serum creatinine) over days to weeks, call nephrologist on-call.  If not, refer to nephrology.	
eGFR < 30 mL/min/1.73m <sup>2</sup> irrespective of albuminuria or hematuria	3 months	Refer to nephrology.	
HEREDITARY KIDNEY DISEASE e.g. polycystic kidney disease	3 months	Refer to nephrology.	
PERSISTENT ALBUMINURIA (ACR > 60 mg/mmol) confirmed on repeat testing (2 out of 3 samples) within 2-4 weeks	3 months	Refer to nephrology.	
PERSISTENT ELECTROLYTE ABNORMALITIES	3 months	If patient has life threatening uremic symptoms such as marked hyperkalemia > 6.5 mmol/L, pulmonary edema and kidney failure, pericarditis and kidney failure (eGFR < 10 mL/min/1.73m <sup>2</sup> ), refer patient directly to an Emergency Department.  For persistent abnormalities of electrolyte(s), <ol style="list-style-type: none"> <li>1. Consider submit a question to nephrologist through eReferral Advice Request.</li> <li>2. Refer to nephrology.</li> </ol>	

REASON FOR REFERRAL	ACCESS TARGET	PROCESS	MANDATORY INFORMATION
<b>PERSISTENT HEMATURIA</b> confirmed on repeat testing (2 out of 3 samples) within 2-4 weeks	3 months	Refer to nephrology if hematuria sustained and not readily explained by a urinary tract source with: <ul style="list-style-type: none"> <li>• Persistent albuminuria (ACR 3 – 60 mg/mmol) irrespective of eGFR, or</li> <li>• eGFR &lt; 60 mL/min/1.73m<sup>2</sup></li> </ul>	<b>Essential Investigations &amp; Timeframes</b> <b>&lt; 1 Week</b> <ul style="list-style-type: none"> <li>• serum creatinine / eGFR (including multiple measurements over previous years)</li> <li>• routine urinalysis</li> <li>• random urine albumin:creatinine ratio (ACR)</li> </ul> <b>&lt; 1 year</b> <ul style="list-style-type: none"> <li>• abdominal ultrasound</li> </ul>
<b>RECURRENT OR EXTENSIVE NEPHROLITHIASIS</b>	3 months	Refer to nephrology. <b>Note:</b> Refer to urology if patient has symptomatic kidney stone.	
<b>UNEXPLAINED DECLINE IN eGFR ≥ 5 mL/min/1.73m<sup>2</sup> THAT OCCURS OVER 6 MONTHS</b>	3 months	Refer to nephrology if an unexplained, progressive decline in eGFR ≥ 5 mL/min/1.73m <sup>2</sup> that occurs over 6 months, confirmed on repeat testing within 2-4 weeks (ACEi or ARBs can cause a reversible reduction in eGFR when initiated).	
<b>eGFR &gt; 30 mL/min/1.73m<sup>2</sup></b>	n/a	Refer to Chronic Kidney Disease (CKD) Clinical Pathway that helps guide the care of your patient and indicates if a referral is needed ( <a href="http://www.ckdpathway.ca/">www.ckdpathway.ca/</a> ).	

## REFERRAL PROCESS

Submit eReferral Consult Request to Northern Alberta Renal Program (Go-Live in Fall 2018) [www.albertanetcare.ca/ereferral.htm](http://www.albertanetcare.ca/ereferral.htm)

SPECIALTY / SUBSPECIALTY	CLINICS / DIRECTORIES		CONTACT	
Nephrology	<b>CALGARY ZONE:</b>	Calgary Central Access & Triage	PH: (403) 955-6389	FX: (403) 955-6776
	<b>CENTRAL ZONE:</b>	Red Deer	PH: (403) 314-1435	FX: (403) 314-1437
	<b>EDMONTON ZONE:</b>	Grey Nuns Hospital	PH: (780) 468-3377	FX: (780) 468-9353
		Royal Alexandra Hospital	PH: (780) 496-9350	FX: (780) 425-8475
	University of Alberta Hospital	PH: (780) 407-7779	FX: (780) 407-7771	
	<b>SOUTH ZONE:</b>	Lethbridge	PH: (403) 320-0633	FX: (403) 320-0353
		Medicine Hat	PH: (403) 528-2911	FX: (403) 526-5818

Visit Alberta Referral Directory (<https://albertareferraldirectory.ca>) for more individual clinic contact information.