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

eReferral Advice Request  [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 <= 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/).

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 ([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/1.73m²
- 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:  
   - Nephrotic range proteinuria, i.e. ACR>180mg/mmol or proteinuria >3g/day, AND  
   - Low suspicion of diabetic nephropathy  
**APPLICATION** | 2 weeks | Essential Investigations & Timeframes  
   - < 1 Week  
     - serum creatinine / eGFR (including multiple measurements over previous years)  
     - routine urinalysis  
     - random urine albumin:creatinine ratio (ACR)  
   - < 1 year  
     - abdominal ultrasound  

### HYPERTENSION REFRACTORY TO TREATMENT WITH 4 OR MORE ANTIHYPERTENSIVE AGENTS | 2 weeks | Refer to nephrology.  

### eGFR < 15 mL/min/1.73m² | 2 weeks | If patient has new diagnosis of eGFR <10mL/min/1.73m², 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/1.73m² 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/1.73m²), refer patient directly to an Emergency Department.  
For persistent abnormalities of electrolyte(s),  
   1. Consider submit a question to nephrologist through eReferral Advice Request.  
   2. Refer to nephrology.
**REASON FOR REFERRAL** | **ACCESS TARGET** | **PROCESS** | **MANDATORY INFORMATION**
---|---|---|---
PERSISTENT HEMATURIA 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:
- Persistent albuminuria (ACR 3 – 60 mg/mmol) irrespective of eGFR, or
- eGFR < 60 mL/min/1.73m²

**RECURRENT OR EXTENSIVE NEPHROLITHIASIS** | 3 months | Refer to nephrology. **Note:** Refer to urology if patient has symptomatic kidney stone.

**UNEXPLAINED DECLINE IN eGFR ≥ 5 mL/min/1.73m² THAT OCCURS OVER 6 MONTHS** | 3 months | Refer to nephrology if an unexplained, progressive decline in eGFR ≥ 5 mL/min/1.73m² 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).

| eGFR > 30 mL/min/1.73m² | 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 ([www.ckdpathway.ca/](https://www.ckdpathway.ca/)).

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**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)

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<th>SPECIALTY / SUBSPECIALTY</th>
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<tr>
<td><strong>Nephrology</strong></td>
<td><strong>CALGARY ZONE:</strong> Calgary Central Access &amp; Triage</td>
<td>PH: (403) 955-6389 FX: (403) 955-6776</td>
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<td><strong>CENTRAL ZONE:</strong> Red Deer</td>
<td>PH: (403) 314-1435 FX: (403) 314-1437</td>
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<td><strong>EDMONTON ZONE:</strong> Grey Nuns Hospital, Royal Alexandra Hospital, University of Alberta Hospital</td>
<td>PH: (780) 468-3377, (780) 496-9350, (780) 407-7779 FX: (780) 468-9353, (780) 425-8475, (780) 407-7771</td>
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<td><strong>SOUTH ZONE:</strong> Lethbridge, Medicine Hat</td>
<td>PH: (403) 320-0633 FX: (403) 320-0353, (403) 528-2911 FX: (403) 526-5818</td>
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Visit Alberta Referral Directory ([https://albertareferraldirectory.ca](https://albertareferraldirectory.ca)) for more individual clinic contact information.