



11.10 NEPHROLOGY REFERRAL GUIDELINES

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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 (if indicated).
- Significant proteinuria with a 24-hour protein of >300 mg (without hematuria) should be referred for a nephrological evaluation. Proteinuria on urinalysis or 24-hour urine or urine ACR/PCR.
- Proteinuria of >300 mg associated with gross or microscopic hematuria should be referred for a nephrological evaluation.

Hematuria

- Gross and microscopic hematuria should be initially referred for urologic evaluation.
- Hematuria should be referred for a nephrological 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. Refer if renal function is abnormal or persistent microscopic hematuria

Renal Failure

- Cr clearance/estimated GFR of equal or <60 ml/min and/or Cr > 1.5 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 >300 mg may be referred for a nephrological 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 >300 mg may be referred for a nephrological 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 Creatinine and protein, micro albumin, protein electrophoresis.
- Obtain a renal ultrasound.

Polycystic Kidney Disease (PKCD) and any genetic kidney disease should be referred for a nephrology 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 nephrology 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 a 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>129 meq/L and a serum k>3.1 meq/L do not generally require a nephrology evaluation.