

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

For Physicians in Calgary Zone only:

Call Specialist Link 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 (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: <ul style="list-style-type: none"> • Nephrotic range proteinuria, i.e. ACR>180mg/mmol or proteinuria >3g/day, AND • Low suspicion of diabetic nephropathy 	<p>Essential Investigations & Timeframes</p> <p>< 1 Week</p> <ul style="list-style-type: none"> • serum creatinine / eGFR (including multiple measurements over previous years) • routine urinalysis • random urine albumin:creatinine ratio (ACR) <p>< 1 year</p> <ul style="list-style-type: none"> • abdominal ultrasound
HYPERTENSION REFRACTORY TO TREATMENT WITH 4 OR MORE ANTIHYPERTENSIVE AGENTS	2 weeks	Refer to nephrology.	
eGFR < 15 mL/min/1.73m ²	2 weeks	If patient has new diagnosis of eGFR <10mL/min/1.73m ² , 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 ² 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 ²), refer patient directly to an Emergency Department.	
		For persistent abnormalities of electrolyte(s), <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> Persistent albuminuria (ACR 3 – 60 mg/mmol) irrespective of eGFR, or eGFR < 60 mL/min/1.73m² 	Essential Investigations & Timeframes < 1 Week <ul style="list-style-type: none"> serum creatinine / eGFR (including multiple measurements over previous years) routine urinalysis random urine albumin:creatinine ratio (ACR) < 1 year <ul style="list-style-type: none"> abdominal ultrasound
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/1.73m ² THAT OCCURS OVER 6 MONTHS	3 months	Refer to nephrology if an unexplained, progressive decline in eGFR ≥ 5 mL/min/1.73m ² 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/1.73m ²	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/).	

REFERRAL PROCESS

Submit eReferral Referral to Northern Alberta Renal Program via albertanetcare.ca/learningcentre/eReferral.htm

SPECIALTY / SUBSPECIALTY	CLINICS / DIRECTORIES		CONTACT	
Nephrology	CALGARY ZONE:	Calgary Central Access & Triage	PH: (403) 955-6389	FX: (403) 955-6776
	CENTRAL ZONE:	Red Deer	PH: (403) 314-1435	FX: (403) 314-1437
	EDMONTON ZONE:	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
SOUTH ZONE:	Lethbridge	PH: (403) 320-0633	FX: (403) 320-0353	
	Medicine Hat	PH: (403) 528-2911	FX: (403) 526-5818	

Visit Alberta Referral Directory (albertareferraldirectory.ca) for more individual clinic contact information.