

The following diagnostics are needed prior to nephrology referral and consultations

Proteinuria

- Evaluation with renal function panel, complete urinalysis, quantification of proteinuria with a random urine collection for protein to creatinine ratio (first morning void preferably), serum and urine protein electrophoresis.
- Significant proteinuria with a protein to creatinine ratio 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 CT scan of the abdomen and pelvis.
- Evaluation with a renal function panel and complete urinalysis.

Renal Failure

- Cr clearance of <60 ml/min and/or Cr >1.8 mg/dl.
- Evaluation with a renal function panel, CBC, complete urinalysis, random urine for protein to creatinine ratio, 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 protein to creatinine ratio >500 mg may be referred for a nephrologic evaluation.
- Provide most recent Hemoglobin A1C level.

Nephrolithiasis

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

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

- Evaluation with renal function panel, liver function panel, fasting lipid panel, quantification of proteinuria with random urine protein to creatinine ratio, serum and urine protein electrophoresis.
- Obtain a renal ultrasound.

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

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

Hypertension, moderate to severe, requiring more than three medications should be referred for a nephrologic evaluation.

- Evaluation with a renal function panel, urinalysis, random urine for protein to creatinine ratio.

Acute Renal Failure — particularly with oliguria, anuria or hyperkalemia-requires urgent evaluation in an acute care facility and is not appropriate for outpatient consultation.

The following situations do NOT normally require nephrology consultations

- 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 almost always 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.