**South East London Nephrology Service  
Referral Form**

This form is for referrals to the nephrology services at Guy’s and St Thomas’ or King’s College Hospital Nephrology and CKD services.

For specific guidance on CKD referrals, please see page 3.

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| **Section 1: Patient Demographic Details** | | | | |
| Patient NHS number: |  | Gender | |  |
| Patient name: |  | | | |
| Date of birth (DD/MM/YY): | |  | | |
| Patient address | |  | | |
| Patient contact number (1) | |  | Patient contact number (2) |  |
| Ethnicity | |  | | |
| Spoken Language | |  | Interpreter Needed? (Y/N): |  |
| Additional communication needs (Braille, Audio etc.): | | | | |

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| **Section 2: Referrer Information** | | | |
| Referring Clinician: |  | | |
| Referrer role (please circle): | * GP | * On behalf of GP | |
| GP Practice Code: |  | | |
| Referrer contact number: |  | | * EMIS record shared (SEL CCG only) |
| Date of referral: |  | | |

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| **Section 3: Referral Request** | | | | | |
| Priority: | * Urgent | | * Routine | * Other (please specify below) | |
| Reason for referral: |  | | | | |
| Other: |  | | | | |
| **Section 4: Clinical Information** | | | | |
| Medication: | |  | | |
| Blood Pressure: | |  | | |
| Creatinine / eGFR: | |  | | |
| Urine dip: | |  | | |
| Albumin to Creatinine ratio (ACR) or Protein to Creatinine ratio (PCR): | |  | | |
| Kidney Ultrasound Report (if available): | |  | | |

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| **Section 5: Relevant Clinical History** |
| Please include copy of results if necessary |
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**Referral Criteria for CKD**

**Routine Referrals (NICE Guidance 2014):**

• eGFR less than 30ml/min with or without diabetes

• ACR 30 mg/ml with haematuria  
• ACR > 70 mg/ml (unless diabetes AND appropriately treated)

• Sustained decrease in eGFR of 15ml in past year or 25% decrease in eGFR

• Poorly controlled hypertension (with 4 medications – unless there is another suitable pathway for these patients (e.g. Cardiology)

• Known or suspected rare or genetic causes of CKD

• Suspected renal artery stenosis

**Urgent Referrals**

**All urgent referrals to renal services should be discussed with the renal registrar on-call (24 hours a day, 7 days a week)**

**Guy’s: 07789 505 184** (Direct) **/ 0207 188 3026** (via Switchboard) **ask for renal SPR on call**

**King’s: 0203 299 9000 and ask for Bleep 622 or renal SPR on call**

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| --- | --- |
| **Emergency /same day referrals to Renal Services** | **Urgent referral to Renal Services (to be seen within 1 – 2 weeks)** |
| Accelerated Hypertension | Suspected multi-system disease with evidence of renal involvement |
| Acute Kidney Injury stage 3 or CKD eGFR < 15 with one or more of:   * Hyperkalaemia * Fluid overload * Uraemia * Acidosis | Newly diagnosed eGFR < 15 |
| Hyperkalaemia | Nephrotic syndrome |

**In some cases of emergency/urgent referrals the renal team may advise referral to A+E services**