

RENAL MEDICINE

National Access Criteria for First Assessment [ACA]

Category Definitions : These are recommended guidelines for HHS specialists prioritizing referrals from primary care.

1. Immediate - *within 24 hours*
2. Urgent - *within 2 weeks*
3. Routine - *within 8 weeks*

Immediate and Urgent cases must be discussed with the Specialist or Registrar in order to get appropriate prioritisation and then a referral letter sent with the patient, faxed or e-mailed. The times to assessment may vary depending on size and staffing of the hospital department.

NATIONAL REFERRAL GUIDELINES : RENAL MEDICINE

1. Immediate	<p>Acute renal failure (including renal transplant rejection)</p> <p>Acute nephritis (with oliguria or raised creatinine or vasculitic symptoms)</p> <p>Hyperkalaemia >6.5 mmol/l</p> <p>Pulmonary oedema associated with renal disease/failure</p> <p>Severe hypertension associated with above/renal disease or failure</p> <p>Severe hypercalcaemia with renal disease/failure</p> <p>End stage chronic renal failure - late presentation with above complications, pericarditis or severe symptoms</p> <p>Infection in renal transplant recipient (or other immunosuppressed nephrology patient)</p> <p>Haemodialysis/CAPD access failure or infection (including peritonitis)</p>
2. Urgent	<p>Sub acute deterioration of renal function</p> <p>Hypertension uncontrolled with renal disease/failure</p> <p>Nephrotic syndrome</p> <p>Nephritic syndrome</p> <p>Pregnancy in renal disease</p>
3. Routine	<p>Chronic renal failure</p> <p>Hypertension associated with renal disease/impairment or requiring renal investigation</p> <p>Haematuria (macroscopic or microscopic)</p> <p>Proteinuria <3 g/day (non-nephrotic)</p> <p>Urinary tract infection - complicated / recurrent</p> <p>Renal structural abnormality (scars, reflux, polycystic)</p> <p>Recurrent renal stone disease</p> <p>Potential live kidney donor</p>