Kidney Failure Risk Tools & Referral Pathways





Referring MD:	Ph	Fax
Patient Name:		Phone:
PHIN:A	Address:	
Please complete and append results of:	EMERGENT	eGFR <15 mL/min with indications (see
Past medical history	REFERRAL	referral pathway) for emergent dialysis
 Medications list 	(< 24 HOURS)	PAGE NEPHROLOGIST
• eGFR (also serum urea, creatinine) at least two values	DO NOT	ON CALL AT: Health Sciences Centre
• CBC	FAX	(204) 787-2071
• Urinalysis	REFERRAL	St. Boniface Hospital (204) 237-2053
 Spot urine for ACR Consider ordering and send reports when available: 		Brandon (204) 578-4000 or (204) 571-7139
 Serum and Urine Protein Electrophoresis (> 40 years of age) 	NON-	Reason for Urgency
Kidney Ultrasound	EMERGENT	(check all that apply)
		☐ eGFR <30 mL/min
		☐ KFRE >3% / 5 year
REFERRAL SITE PREFERENCE (check one) ☐ Health Sciences Centre • Fax to (204) 787-7366		☐ eGFR decline by >20% in 1-30 days (acute kidney injury)
☐ St. Boniface Hospital • Fax to (204) 233-2770		☐ Proteinuria (ACR >100 mg/mmol)
 □ Seven Oaks Hospital • Fax to (204) 697-4204 □ Brandon Regional Health Centre Fax to (204) 726-8797 □ Next Available □ Dr. 		☐ Hematuria, suspected GN (eGFR or proteinuria criteria below, or ANA>1:80, or decreased complements, or ANCA positive or normal urological evaluation
		□ Other (REASON)

N.B. The noted appointment wait times are target benchmarks, but each patient will be triaged at time of referral. Appointment times may vary. Until your patient is assessed by a nephrologist, you (referring physician) are responsible for monitoring (and forwarding) your patient's blood and urine tests at regular intervals as suggested in the MRP Kidney Disease Referral Pathway. You should contact the nephrologist with any new concerns.

^{1 –} ACR = Albumin to Creatinine Ratio. 2 – eGFR = estimated Glomerular Filtration Rate automatically calculated from serum Creatinine by MDRD Formula.