



DT9293

NEPHROLOGY CONSULTATION ADULT

Note: Refer to the clinical alerts on the back of the form and favor, if available, the protocols of the Accueil Clinique before filling it out.

Patient's first and last name			
Health insurance number		Year	Month
		Expiry	
Parent's first and last name			
Area code	Phone number	Area code	Phone number (alt.)
Address			
Postal code			

Reason for consultation		Clinical priority scale: A: ≤ 3 days B: ≤ 10 days C: ≤ 28 days D: ≤ 3 months E: ≤ 12 months			
Prerequisite: Creatinine, eGFR, Na, K, Cl, Ca, Ph, Mg, albumin, urine analysis and protein/creatinine ratio on a sample (urinary spot) for all consultations					
Recommended: Ordered kidney ultrasound if not already performed for all consultations (exception: electrolyte disorders)					
AKI	☐ Significant AKI: tested within 30-days (Prerequisite: 2 creatinine reports)	C	HTN	☐ Refractory despite 3 or more medications, including a diuretic	D
	☐ CKD: eGFR < 15 ml/min	B		☐ Electrolytes disorders and/or metabolic acidosis tested twice within a 10-day period (after exam and treatment)	D
CKD	☐ CKD: eGFR between 16-45 ml/min (stable)	D		☐ Metabolic assessment for renal lithiasis (2 episodes or more)	E
	☐ CKD: eGFR between 46-60 ml/min	E		☐ Genetic renal disease	E
Proteinuria	Proteinuria (Prerequisite: protein/creatinine in urine (spot urine) or 24 hrs. urinary collection)	B	Others	☐ Renal anatomical abnormality	E
	☐ > 3 g/24 hrs. with hypoalbuminemia and anasarca	C		☐ One kidney, polycystitis, horseshoe kidney isolated hematuria after negative urological investigation (Prerequisite: creatinine, A/C urine)	E
	☐ Severe (see chart on back)	D			
	☐ Moderate (see chart on back)	E			
	☐ Mild (see chart on back)	E			
☐ Other reason for consultation or clinical priority modification (MANDATORY justification in the next section):					Clinical priority
Suspected diagnosis and clinical information (mandatory)				If prerequisite is needed:	
				☐ Available in the QHR (DSQ)	
				☐ Attached to this form	
Special needs:					
Referring physician identification and point of service				Stamp	
Referring physician's name		Licence no.			
Area code	Phone no.	Extension	Area code	Fax no.	
Name of point of service					
Signature		Date (year, month, day)			
Family physician: ☐ Same as referring physician ☐ Patient with no family physician				Registered referral (if required)	
Family physician's name				If you would like a referral for a particular physician or point of service	
Name of point of service					

Proteinuria: Equivalent chart for albuminuria and proteinuria between the urine sample (albumin/creatinine or protein/creatinine) and 24 hrs. urine collection

	Albuminuria			Proteinuria					
	Ratio		24 hrs.	Ratio				24 hrs.	
	mg/mmol	mg/g	mg	mg/mmol	g/mmol	mg/g	g/g	mg	G
Normal	< 3	< 30	< 30	< 15	< 0.015	< 150	< 0.15	< 150	< 0.15
Proteinuria < 1 g/day (mild)	< 60	< 600	< 600	< 100	< 0.1	< 1000	< 1.0	< 1000	< 1.0
Proteinuria 1-3 g/day (moderate)	60-180	600-1800	600-1800	100-300	0.1-0.3	1000-3000	1.0-3.0	1000-3000	1.0-3.0
Proteinuria > 3 g/day (severe)	> 180	> 1800	> 1800	> 300	> 0.3	> 3000	> 3.0	> 3000	> 3.0

Clinical alerts (non-exhaustive list)

Call the nephrologist on call or refer the patient to the Emergency-department

- AKI: eGFR drops under 15 AND symptoms of uremia or involvement of other organ
- Increase in creatinine > 200%
- Increase in creatinine > 100% with hematuria and proteinuria
- Glomerulonephritis with hemoptysis (example: vasculitis)
- Severe and/or symptomatic electrolytes imbalances
- Severe acid-basic imbalance
- Severe symptomatic HTN