My Doctor Visit Guide: Checking My Kidneys

How to use this guide: Bring this paper (or show it on your phone) to your next doctor's appointment. You can read it out loud to your doctor, or just hand it to them to read.

What to say to your doctor:

"Hi Doctor. I recently took a health quiz on a website called mykidneycare.ca.

The quiz told me that I have a higher chance of getting kidney disease. I want to make sure my kidneys are healthy.

Because of my quiz results, I would like to check my kidneys today. **Can I please get an order for a blood test and a urine (pee) test?**"

Questions to ask your doctor (Check the boxes you want to ask!):

- [ ] Are my kidneys doing okay right now?
- [ ] Do any of the medicines I take hurt my kidneys?
- [ ] Is my blood pressure in a safe range for my kidneys?
- [ ] Is my blood sugar in a safe range for my kidneys?
- [ ] What is one thing I can change about my food to protect my kidneys?
- [ ] When should I come back to check my kidneys again?

KidneyWise Clinical Algorithm

Disclaimer: This tool is not appropriate for diagnosis or treatment of acute kidney injuries

IDENTIFY high risk CKD populations

- First Nations, Inuit, Métis, or urban Indigenous people(s), Black people living in Ontario, and/or people with diabetes mellitus **should be screened annually**
- People with hypertension, cardiovascular disease, and/or with a first-degree relative with ESKD **should be screened every 2-3 years as part of periodic health exams**

See "Identification of High-Risk CKD Populations" in this toolkit for further guidance

MEASURE eGFR and urine ACR

- **If eGFR < 60,** re-measure in 3 months
- **If urine ACR ≥ 3,** re-measure 1 or 2 times over next 3 months (abnormal result: at least 2 of 3 results ≥ 3)
- Remeasure sooner if there is clinical concern with either test (eGFR very low or rapid decline, ACR very high or rapid increase)

CKD detection should be done in the absence of acute intercurrent illness or self-limited illness. Consider reversible causes prior to re-measuring (e.g. NSAIDs, intravascular iodinated contrast media sometimes used in diagnostic imaging, BPH/urinary retention).

CONFIRM CKD diagnosis after 3 months

eGFR ≥ 60 and urine ACR < 3

Re-measure based on screening intervals provided above unless clinical circumstances dictate otherwise

eGFR 30–59 and/or urine ACR 3–30 in people without diabetes or ACR 3-60 in people with diabetes

Person has CKD

Monitor in primary care

Check electrolytes and urine R+M

Follow eGFR & urine ACR every 6 months

↳ If eGFR remains stable for 2 years, follow both measures yearly

↳ If any of the following, **refer to nephrology**, provide PMHx and lab values with trends of urine ACR, eGFR, BPs:

- A change in 5-year KFRE, eGFR, or ACR that meets any of the criteria outlined to the right
- eGFR < 45 and rapid decline of > 5 ml/min within 6 months, repeated in 2-4 weeks

5-year KFRE ≥ 5% and/or eGFR < 30 and/or urine ACR > 30 in people without diabetes or ACR >60 in people with diabetes

Person has CKD

Check electrolytes and urine R+M

Check CBC, Calcium, Phosphate, Albumin

Refer to nephrology provide PMHx and med list. Be sure to include information on co-morbid conditions and lab values with trends of urine ACR, eGFR, and BPs

MANAGE in primary care

- Manage hypertension
- Slow CKD progression
- Reduce risk factors
- Minimize further kidney injury

See "Managing Patients with CKD In Primary Care" in this toolkit for further guidance

Ontario Health
Ontario Renal Network

Outpatient Nephrology Referral Form for Primary Care Providers

Please find an outpatient nephrology referral form for primary care providers (PCP) developed by the Ontario Renal Network, part of Ontario Health, on the next page. Recommended reasons for referral of people with nephrological problems are outlined, and these mirror the Ontario Renal Network's KidneyWise Toolkit Clinical Algorithm .

The KidneyWise Clinical Toolkit Helps PCPs to:

- Determine which people are at high risk of developing CKD
- Properly diagnose people with CKD
- Manage people with CKD in primary care and reduce their risk of further progression
- Determine which people would benefit from referral to nephrology

www.kidneywise.ca

Indications for referral for chronic kidney disease (CKD), including proteinuria

- eGFR < 30, or
- Rapid deterioration in kidney function: eGFR < 45 and decline of > 5 within 6 months in absence of self-limited illness; eGFR must be repeated in 2-4 weeks to confirm persistent decline, or
- ACR > 30 in people without diabetes, or
- ACR > 60 in people with diabetes, or
- 5-year Kidney Failure Risk Equation (KFRE) ≥ 5%

While people and their PCP often want to arrange a timely appointment so that their clinical concerns can be addressed and/or alleviated quickly, most nephrologists will triage referred individuals based on level of need. Those people who are at high risk of progressing to end-stage kidney disease (EKD), and/or who may require a renal biopsy for diagnosis, should be seen more urgently.

Other Indications for referral to nephrology

- Resistant or suspected secondary hypertension
- Suspected glomerulonephritis/renal vasculitis, including RBC casts or hematuria
- Metabolic work-up for recurrent kidney stones
- Clinically important electrolyte disorder

Please note that the use of non-steroidal anti-inflammatory drugs (NSAIDs) should be discontinued prior to confirming very low or rapidly declining kidney function, as they are a common reversible cause of a decline in eGFR. Also, note that initiating the use of an angiotensin converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB) may cause a reversible decline in eGFR (up to 30%) that does not necessarily warrant referral.

Some patients who do not meet the referral criteria may nevertheless benefit from nephrology guidance. Referral of a patient who does not meet the referral criteria outlined below can be requested by PCPs. Primary care providers are encouraged to consider utilizing the provincial eConsult service if they would like further guidance on patient management. For more information on eConsult please visit https://econsultontario.ca/. If you feel the individual needs to be seen within 24 hours, contact the nephrologist on-call in your region for further discussion.

Please send the completed referral form to a local nephrologist in your region. Do not forward this form to Ontario Health

Patient Information (please fill out or affix label)	
Name:	DOB:
Address	
Phone #	Health Card #
Alt. Contact Info:	

Outpatient Nephrology Referral Form

Date of Referral:	Is this a re-referral? ☐ Yes ☐ No
Name of Nephrologist Previously Seen:	

Recommended Reason for Referral:

Indications for referral for chronic kidney disease (CKD), including proteinuria:

☐ eGFR <30 on 2 occasions, at least 3 months apart, *or*

☐ Rapid deterioration in kidney function: eGFR <45 and decline of ≥5 within 6 months in absence of self-limited illness; eGFR must be repeated in 2-4 weeks to confirm persistent decline, *or*

☐Proteinuria: urine ACR >30 mg/mmol in patients without diabetes or >60mg/mmol in patients with diabetes on at least 2 of 3 occasions, *or*

☐5-year KFRE ≥5%

Other Indications for referral to nephrology:

☐Resistant or suspected secondary hypertension

☐Suspected glomerulonephritis/renal vasculitis based on hematuria (see KidneyWise Toolkit for recommended hematuria referral criteria)

☐Clinically important electrolyte disorder

☐Metabolic work-up for recurrent renal stones

☐Other (consider using the provincial eConsult service)

_____

Additional Comments:

Co-morbid Conditions

☐Diabetes mellitus ☐Coronary artery disease ☐Hypertension ☐Frailty ☐Peripheral vascular disease

☐Cognitive impairment ☐Previous Stroke ☐Connected tissue disease (eg SLE, RA, Vasculitis)

Lab Values: Please fill out below if applicable; refer to the ORN KidneyWise Clinical Algorithm for suggested investigations

Date 1:	eGFR:	Creatinine:	Urine ACR:
Date 2:	eGFR:	Creatinine:	Urine ACR:
HbA1c:	Hgb:	K^+:	Ca^{2+}:
PO_4^{3-}:	Albumin:	PTH:	Hematuria (dipstick):
Other (or attach):			

Current Medications: (please attach separately)

Referring Practitioner/Address/Phone/Fax:	**Referring Billing #:**
	Signature: