12.10 NEPHROLOGY REFERRAL GUIDELINES  
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The following diagnostics are needed prior to nephrology referral and consultations

Proteinuria
- Evaluation with renal panel, complete urinalysis, a 24-hour urine collection for protein and Cr clearance, and protein electrophoresis.
- Significant proteinuria with a 24-hour protein of >500 mg (without hematuria) should be referred for a nephrologic evaluation.
- Proteinuria of >300 mg associated with gross or microscopic hematuria should be referred for a nephrologic evaluation.

Hematuria
- Gross and microscopic hematuria should be initially referred for urologic evaluation.
- Hematuria should be referred for a nephrologic evaluation after completion of a urologic evaluation, if deemed necessary by a urologist.
- Obtain a renal ultrasound and/or CAT scan of the abdomen and pelvis.
- Evaluation with a renal panel and complete urinalysis.

Renal Failure
- Cr clearance/estimated GFR of equal or <60 ml/min and/or Cr >1.8 mg/dl.
- Evaluation with a renal panel, CBC, complete urinalysis, 24-hour urine collection for protein, microalbumin, protein electrophoresis, and PSA (males only).
- Obtain a renal ultrasound.
• Diabetic nephropathy should be treated with ACE or ARB medications and aggressive blood pressure and glycemic control. Patients with frank proteinuria with a 24 hour protein >500 mg may be referred for a nephrologic evaluation.
• Provide most recent Hemoglobin A1C level.

Nephrolithiasis
• Obtain a renal ultrasound and/or CAT scan of the abdomen and pelvis.
• Evaluation with panel, complete urinalysis, uric acid, PTH, 24-hour protein >500 mg may be referred for a nephrologic evaluation.
• Complicated stone with hydronephrosis and/or hydroureter should be immediately referred for a urologic evaluation.

Nephrotic Syndromes with proteinuria, hyperlipidemia and hypoproteinemia require timely nephrology referral.
• Evaluation with renal panel, liver panel, lipid panel, 24-hour urine collection for Cr clearance and protein, microalbumin, protein electrophoresis.
• Obtain a renal ultrasound.

Polycystic Kidney Disease (PKCD) and any genetic kidney disease should be referred for a nephrologic evaluation.
• Evaluation with a renal panel, urinalysis.
• Obtain a renal ultrasound and/or CAT scan of the abdomen and pelvis.

Hypertension, moderate to severe, requiring multiple medications should be referred for a nephrologic evaluation.
• Evaluation with a renal panel, urinalysis, spot urine for Cr and microalbumin.

The following situations do not normally require nephrology consultations

• Acute Renal Failure – particularly with oliguria, anuria or hyperkalemia-requires urgent evaluation in an acute care facility and is not appropriate for outpatient consultation.
• Renal masses or complex renal cysts worrisome for malignancy should be referred to a urologist for possible resection.
• Simple renal cysts are present in 20% of the population and do not require nephrology evaluation.
• Hydronephrosis implies post-renal obstruction and almost always requires urologic consultation to address the underlying anatomic pathology.
• Mild hyponatremia and hypokalemia are generally related to diuretic therapy. A patient on diuretic therapy with a serum Na>126 meq/L and a serum k>3.1 meq/L do not generally require a nephrologic evaluation.