

## Pediatric Nephrology Consult and referral guidelines

*Helen DeVos Children's Hospital  
Outpatient Center  
35 Michigan Street NE*

*Outreach locations:  
Kalamazoo, Lansing, Reed City, St. Joseph, Traverse City*

### About Pediatric Nephrology

We care for children and teens from birth to age 21.

#### Most common referrals

- End-stage renal disease/dialysis/transplant care
- Congenital renal disease (i.e., dysplasia, obstructive uropathy, hydronephrosis, including abnormal prenatal imaging/prenatal consult)
- Glomerular Disorders (glomerulonephritis, proteinuria)
- Nephrotic syndrome
- Recurrent UTIs/reflux nephropathy
- Enuresis/voiding dysfunction
- Polyuria/polydipsia
- Electrolyte Imbalance/metabolic acidosis/RTA
- Hypertension
- Nephrolithiasis
- Genetic renal disease (i.e., cystinosis, Lowe syndrome, etc.)

### Pediatric Nephrology Appointment Priority Guide

<b>Immediate</b>	Contact HDVCH Direct at 616.391.2345 and ask to speak to the on-call nephrologist and/or send to the closest emergency department.
<b>Urgent</b>	Likely to receive an appointment within 2 days. Call HDVCH Direct and ask to speak to the on-call nephrologist regarding an urgent referral.
<b>Routine</b>	Likely to receive an appointment within 10 days. Send referral via Epic Care Link, fax completed referral form to 616.267.2401, or send referral through Great Lakes Health Connect.

Diagnosis/Symptom	Suggested Workup/Initial Management	When to Refer	Information Needed
<p><b>ESRD/Dialysis/Transplant</b></p> <p><i>For more information, see guidelines <a href="#">here</a></i></p> <p><i>For immunization recommendations for kidney transplant patients, go <a href="#">here</a></i></p>		<ul style="list-style-type: none"> <li>• <i>Immediate referral:</i> Call HDVCH Direct (616.391.2345) and ask to speak to on-call nephrologist</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive records</li> </ul>
<p><b>Electrolyte Imbalance or Abnormalities</b></p>		<ul style="list-style-type: none"> <li>• Any abnormalities, call HDVCH Direct (616.391.2345) with questions or concerns</li> <li>• We will be glad to provide consultations and interpretation of tests and management guidance</li> </ul>	<ul style="list-style-type: none"> <li>• Imaging and laboratory data, growth charts</li> </ul>
<p><b>Enuresis</b></p>	<p>Rule out constipation, consider polyuria or OSA</p> <p>UA, behavioral modifications, consider bedwetting alarm or DDAVP trial</p>	<ul style="list-style-type: none"> <li>• After 6 months of failed behavioral modifications</li> <li>• Patients with non-psychogenic polydipsia and polyuria, especially if water deprivation test may need to be considered</li> <li>• <i>Immediate referral:</i> Any secondary without a psychosocial trigger</li> </ul>	<ul style="list-style-type: none"> <li>• Laboratory data including all urine results</li> <li>• Any prior ultrasound images – please send CD if not in PACS</li> </ul>
<p><b>Glomerular Disorders</b></p> <p><i>Microscopic hematuria – UA with 5RBC/HPF</i></p> <p><i>AND/OR protein/creatinine &gt;0.2 mg/mg on random (ideally first AM) analysis</i></p>	<p>(Ideally first morning) void for protein/creatinine ratio – no need to order 24-hour urine collection.</p> <p>Renal panel, C3, C4, CBC, random urinary calcium/creatinine ratio</p>	<ul style="list-style-type: none"> <li>• Would encourage referral with any signs of glomerulonephritis and urgent with concurrent hypertension/edema and or renal dysfunction</li> </ul>	<ul style="list-style-type: none"> <li>• All laboratory data</li> </ul>
<p><b>Henoch Schonlein Purpura</b></p>	<p>See <a href="#">co-management guidelines</a></p>		<ul style="list-style-type: none"> <li>• All laboratory data</li> </ul>

Diagnosis/Symptom	Suggested Workup/Initial Management	When to Refer	Information Needed
<b>Hydronephrosis</b>  <i>Congenital by prenatal ultrasound or found on any postnatal renal ultrasound</i>	See <a href="#">co-management guidelines</a>		<ul style="list-style-type: none"> <li>Any prior work-up including renal ultrasounds and maternal prenatal imaging</li> </ul>
Hypertension	See <a href="#">co-management guidelines</a>	<ul style="list-style-type: none"> <li><i>Immediate referral:</i> If symptomatic, call HDVCH Direct (616.391.2345) and ask to speak to on-call nephrologist</li> </ul>	<ul style="list-style-type: none"> <li>Any imaging and laboratory data</li> </ul>
<b>Kidney Stones and Hypercalciuria</b>  <i>As defined by renal ultrasound or CT/suggestive history</i>	Renal ultrasound  Strongly discourage use of CT scan as follow-up  If stone is retrieved, pursue analysis	<ul style="list-style-type: none"> <li><i>Immediate referral:</i> If symptomatic, strongly consider Urology evaluation initially and Nephrology follow up for metabolic workup and chronic management</li> </ul>	<ul style="list-style-type: none"> <li>Any prior work-up including renal ultrasounds if done (please send CD) and urine studies</li> </ul>
<b>Gross Hematuria</b>	Renal ultrasound, UA, urine protein/creatinine and calcium/creatinine ratios  CMP, complete blood count, phosphorus, C3, C4, strep screen if appropriate	<ul style="list-style-type: none"> <li><i>Immediate referral:</i> Call HDVCH Direct (616.391.2345) and ask to speak to on-call nephrologist</li> </ul>	<ul style="list-style-type: none"> <li>Any prior work-up including renal ultrasounds if done (please send CD) and urine studies</li> </ul>
<b>Recurrent UTIs</b>	Renal ultrasound	<ul style="list-style-type: none"> <li>Any time with recurrent urinary tract infections</li> </ul>	<ul style="list-style-type: none"> <li>Any prior work-up including renal ultrasounds if done (please send CD)</li> <li>Any prior culture results with sensitivities; urinalysis with method in which urine was obtained</li> </ul>