# Protocol Overview

This Clinical Protocol advises on indications, guidelines, and referral for Nephrology services.

# Indications

Patients may be referred to Nephrology for evaluation or management of **1 or more** of the following:

* Gout and Hyperuricemia
* Connective Tissue Disorders, Inflammatory Arthritis, and Spondyloarthropathies including lupus and rheumatoid arthritis.
* Osteoporosis
* Transient Ischemic Attack and Ischemic Stroke
* Hypertension
* Dyslipidemia
* Heart Failure
* Deep Venous Thrombosis, Lower Extremities
* Obstructive Sleep Apnea
* HIV/AIDS
* Diabetes Mellitus
* Renal Colic and Kidney Stones
* Hematuria
* Chronic Kidney Disease stage 4 and even sooner at the discretion of PCP and treating physicians
* Proteinuria
* Hematuria
* Nephrotic syndrome
* Nephritic Syndrome
* Vitamin D Deficiency
* Parathyroid related disorders
* Volume status (overload and depletion)
* Electrolyte disorders including sodium and potassium
* Acidosis and alkalosis pathologies
* Renal tubular acidosis
* Genetic diseases of the kidney and related organs including pulmonary and renal syndromes
* SIADH
* Atrophic kidneys
* Kidney stones
* Urinary Tract Infection (UTI) and Pyelonephritis
* Urinary Incontinence
* Abdominal Pain
* Hepatitis A Infection
* Hepatitis B Infection
* Hepatitis C Infection
* Impetigo

# Recommended records

Current history physical or progress notes, relevant consultations, urine analysis and urine protein/creatinine ratio and urine cytology and PTH, Vitamin D, CBC, CMP and iron studies including B12 and folate as well as kidney ultrasound and HA1C, RPR, C3/C4, HIV, Hep Panel, SPEP/UPEP and urine sodium, urea and creatinine as well as chest x ray and EKG, Echocardiogram if available and any other imaging or lab work done as well as any previous biopsy reports and stress tests as well as GYN -GU history and studies as well as age appropriate malignancy screening (mammo, pap and chest x ray if smoker).

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