Renal consult guide

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In a hurry? Make sure you know:

- The patient's fluid balance status including urine output
- The patient's recent blood and urinalysis results

What history should JMOs know/collect?

- The patient's renal physician, recent letters and when they were last seen (If the patient has known chronic kidney disease)
- If the patient is on dialysis – the type (haemodialysis vs peritoneal dialysis) and length of time on dialysis (acute kidney injury vs chronic dialysis), any missed sessions of dialysis (compliance)
- For acute kidney injury (AKI)
    - Fluid intake and losses
    - Medications – particularly nephrotoxins: NSAIDs, ACE, ARB, gentamicin, vancomycin, diuretics, contrast
    - Contributing factors
        - Whether the patient has been hypovolaemic (febrile illness/sepsis, fasting without IVF or haemodynamic instability)
        - Does the patient have an obvious source of fluid loss? Diarrhoea, vomiting, drains, diuretics (especially thiazides)
- Are there contraindications to volume expansion? e.g. a fluid restriction, congestive cardiac failure, cirrhosis, fluid overload
- For electrolyte derangements (generally hyponatremia)
    - Could the patient have SIADH?

- Consider causes: Stroke, surgery, malignancy, medications

What examinations and investigations should JMOs perform/collect results of?

- Examination – Fluid assessment: JVP, postural blood pressures, cardiorespiratory examination (displaced apex beat, S3 heart sound, pulmonary oedema, peripheral oedema)
- Fluid balance for the last few days: Weight trend, urine output, fluid (drain)/blood losses
- Urinalysis (dipstick) and microscopy (red cells, white cells)
    - Extra: albumin/creatinine ratio, casts, dysmorphic cells
- What is the patient's baseline creatinine? Call the GP or pathology lab before your consult
- Other electrolytes, especially: potassium, bicarbonate, sodium, calcium
- Exclude obstruction – Renal tract ultrasound, CT KUB, bladder scan
- For electrolyte derangement (hyponatremia)
    - Serum sodium and osmolality and the paired urinary sodium and osmolality

What additional information would impress you?

- The patient's weight and if there has been any change
- A provisional diagnosis for review
- Identification of contributing factors
- Clear understanding of background history, medications and progress since admission
- Attempt at management plan

What are common mistakes/omissions made by JMOs?

- Not having previous blood results prior to admission
- Not accounting for cumulative fluid balance over several days
- Not triaging investigations, including urinalysis

Helpful Resources

Australian Prescriber on Hyponatraemia

Acute Kidney Injury from LITFL

eTG management of Hyperkalaemia

Renal JMO “Guide to the Universe”

eTG section on drug dosing in renal impairment

Tags: #acute kidney injury,#consult guide,#Hyperkalaemia,#junior doctors,#kidney disease,#nephrology,#referral,#renal,#requesting a consult