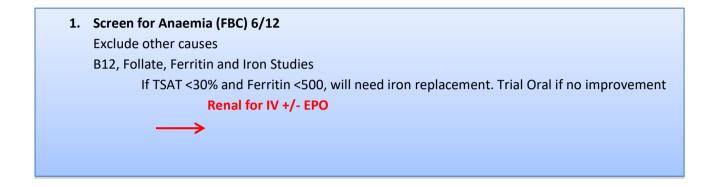
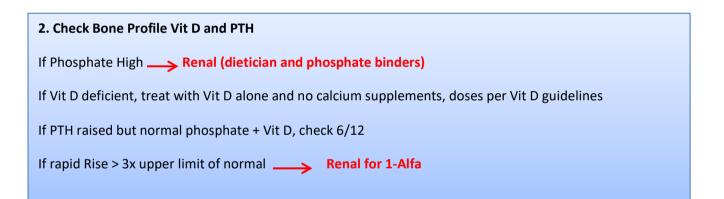


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Monitoring renal function and screening for complications

If eGFR < 45ml/min when patient not acutely unwell





Does Patient have significant retinopathy? If not, non-diabetic nephropathy to be considered.

Diabetes Renal Pathway When & Where to refer

REFERAL EXCLUSIONS:

- NH Residents
- Age >75
- Active cancer treatment (*if treatment includes steroids might still need DSN to help diabetes control)

Indications to refer to Diabetes Clinic

- Poor diabetes control (hypos or inappropriately high HbA1C) despite maximal oral management (list medication tried and results)
- Deterioration of diabetes control after metformin discontinuation in patients with eGFR below 30 ml/min
- Patients with DM treated medically on renal replacement therapy
- Patients with DM who had kidney/ pancreas transplant

Indications for referral to Renal Clinic

- Linear decline in renal function increasing steepness (eGFR graph on ICE)
- K > 5.9 mmol/L on 2 consecutive samples
- Phospate > 2.0 mmol/L on 2 consecutive samples
- Anaemia of chronic disease Hb< 110, requiring IV iron and/or EPO
- Suspicion of RAS
- eGFR<= 30 mL/min consistently and falling

Diabetes and renal team will discuss investigations and F/U in MDT

Diabetes team will review dialysis patients with diabetes a month after starting on dialysis

Pts may be discharged from the clinic with instruction for further follow up in primary care