Guideline for discharge of Nephrology patients from follow up

University Hospitals of Leicester NHS
NHS Trust

C47/2015

1. Introduction and Who Guideline applies to

The aim of this guideline is to provide advice on the identification of patients who would not be expected to benefit from nephrology follow up. It identifies a group that should be considered 'low-risk' of developing progressive renal impairment and who could be safely monitored in primary care with re-referral as appropriate. It should be read in conjunction with NICE Guideline 203 (NG203) (Chronic kidney disease: assessment and management https://www.nice.org.uk/guidance/ng203)

2. Guideline Standards and Procedures

This policy will be applied by Consultants, specialty doctors, specialist grade doctors and training grade nephrology staff. It represents minimum agreed criteria for discharge. Patients who fall outside these guidelines may still be discharged according to individual circumstances but this can only be at the discretion of the patient's nephrology consultant.

2.1 Patients who fall into the following categories should be discharged from nephrology follow up after discussion and with the agreement of the responsible consultant. Advice should be given to GP and to patient with instructions for appropriate monitoring of albumin:creatinine ratio (ACR), BP and eGFR and monitoring for signs of complications of CKD. This monitoring may need to be life-long. The GP should be provided with clear advice on when it would be appropriate to refer the patient back for assessment by a nephrologist. This should include advice regarding frequency of monitoring (NG203) and whether patient should be on primary care CKD register or not.

2.2 No renal disease

- Essential hypertension - no renal damage
- Recovered AKI with stable CKD 3a or less
- Recurrent UTIs with structurally normal renal tract

2.3 CKD 1-3b as long as the following criteria apply

- BP controlled to appropriate levels with or without appropriate therapy (as described in NG203).
- ACR < 70mg/mmol (unless proteinuria is secondary to diabetes and is alreadybeing appropriately treated)
- No evidence of progression of CKD (defined as a decrease in GFR of 25% or more, and a change in GFR category or sustained decrease in GFR of 15 ml/min/1.73 m2 or more within 12 months)
- Not receiving specific disease modifying treatment (including immunosuppression)
- Not receiving therapy for complications of CKD which require ongoing specialist monitoring (including anaemia and renal osteodystrophy)

- 5 year Kidney Failure Risk Equation predicted risk for dialysis or kidney transplantation of less than 10%

3. Education and Training

Guideline to be distributed as part of induction of new nephrology trainees.

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Audit of discharged patients	Assessment against criteria	R Major	Ad hoc	

5. Legal Liability Guideline Statement

Guidelines or Procedures issued and approved by the Trust are considered to represent best practice. Staff may only exceptionally depart from any relevant Trust guidelines or Procedures and always only providing that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible healthcare professional' it is fully appropriate and justifiable - such decision to be fully recorded in the patient's notes.

5. Supporting References (maximum of 3)

NICE Guideline 203 (Chronic kidney disease: assessment and management https://www.nice.org.uk/guidance/ng203)

6. Key Words

Renal outpatients, clinic discharge

CONTACT AND REVIEW DETAILS	
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Details of Changes made during review: **Reference to NICE guidance**	