The WHO and HOW to refer to the Dietitian

For patients with kidney disease

Health
South Eastern Sydney
Local Health District

Referring Health Professionals

- **All Dietitian referrals are to be ordered via eMR;** for urgent matters please also page or call the Department on Ext 32752
  - Inpatients (any SGH ward and during dialysis on 4W) – 'Consults Dietitian Request'
  - Dialysis Collaborative Care (DIACC)-Fresenius Medical Care satellite-haemodialysis centre, 'Consults Dietitian Request'
  - Outpatients – 'Consult Dietitian-outpatient referral' during encounter
- **Consulting rooms –** please email referral to SESLHD-SGH-Dietitian-Referrals@health.nsw.gov.au or by Fax: 91132847
- **Referrals to be made as soon as possible**
- **Document reason for referral in the clinical notes**

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Referral Screening by Nutrition Department

Goal - referral prioritised within 24 hours

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Priority 1 Inpatient – same day* Outpatient; day stay – within 2 weeks	**Priority 2** Inpatient within 2 business days Outpatient; day stay – within 2-4 weeks	**Priority 3** Outpatient – as workload allows
New to Haemodialysis	Non- dialysis dependent CKD stages 4-5 (eGFR <30ml/min) ▪ Pre-dialysis ▪ Conservative care OR CKD stages < 3b with multiple comorbidities	Comorbidities such as cancer, GI and liver disease
New to Peritoneal Dialysis	Acute renal issues e.g. AKI, PD peritonitis	Clinical conditions such as dysphagia, post bariatric surgery or stroke
New transplant	MST ≥3	For the following consider GP management, or referral to the Get healthy Service: www.gethealthynsw.com.au ▪ eGFR >30ml/min (with minimum co-morbidities) ▪ Existing diabetes (poorly controlled) ▪ General weight management ▪ Hypertension ▪ Kidney stones
Intradialytic parenteral nutrition (IDPN)	Fluid overload; assessed by: ▪ presence of symptoms such as SOB or oedema, or ▪ on haemodialysis an average interdialytic weight gain (IDWG) >3kg per session (average of at least 6 sessions)	
Enteral feeding	Hyperphosphatemia – serum phosphorous persistently >1.6 mmol/L	
Unintentional dry weight loss of: >5% in 1 month or >10% in 6 months	Anorexia	
Hyperkalaemia – serum potassium persistently >5.8 mmol/L	Indicators of poor nutritional intake i.e. persistent: ▪ hypokalaemia (<3.5mmol/L) ▪ hypoglycaemia ▪ hypophosphatemia (<0.8mmol/L)	
Risk of refeeding	Presence of ≥ 2 nutrition-related symptoms i.e. nausea, taste aversion, early satiety, constipation, diarrhoea, mouth ulcers	
	Unintentional weight loss >2kg	
	Post-transplant unintentional weight gain or onset of diabetes	
	Weight management requiring VLCD- Optifast +/- bariatric surgery	

*to acknowledge and initiate intervention