



## Cheat Sheet: Dietitian Referral for Renal Patients

### Referring Health Professionals

- **Referrals to the Dietitian should 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, during dialysis - ‘Consults Dietitian Request’
  - Outpatients – ‘Consult Dietitian-outpatient referral’, during encounter
- **Consulting rooms** – please email referral to [SESLHD-SGH-Dietitian-Referrals@health.nsw.gov.au](mailto:SESLHD-SGH-Dietitian-Referrals@health.nsw.gov.au) or by Fax: 91132847

Remark: please refer to the original referral guidelines (wrt priorities) “The WHO and HOW to refer to the Dietitian” in the clinic folder

Reason for referral (common)	Description
New Patient  (commencing a nutrition management pathway)	CKD stages 3b-5 (KFRE 2-year score of 10%) <ul style="list-style-type: none"> <li>▪ pre-dialysis or conservative care</li> <li>▪ including all patients attending Kidney Disease Education Clinic</li> </ul> Haemodialysis (HD) Peritoneal dialysis (PD) Transplant (TP)
Change of dialysis dose	Reduce HD frequent from 3 to 2 times/week or Incremental HD or PD
Weight (dry)	Unintentional weight loss Overweight /obese
Fluid	Interdialytic weight gain (IDWG) > 3kg (consistently, or >6 sessions) Volume Overload (Na restriction and fluid control)
Appetite / intake	Poor appetite and reduced intake Disinterest in food Poor /unhealthy eating habits
Electrolyte imbalance	Deranged serum level, > 3 consecutive serum levels Potassium <3.5 OR >5.8 mmol/L Phosphate <0.8 OR >1.60 mmol/L
Presence of nutrition impact symptoms	Anorexia, taste aversion, early satiety, mouth ulcers etc. Gastrointestinal symptoms e.g. diarrhoea, constipation, nausea and vomiting Dysphagia, swallowing problems
Poor, deteriorating nutrition status (or at risk of)	Catabolism, infection, sepsis, or inflammation etc. PD peritonitis Extended hospital admission > 2 weeks Presence of comorbidities: cancer, GI and liver disease Ward malnutrition screening, MST score 2 or more
Psychosocial issues affecting dietary intake	Example: food insecurity, depression, loss of income, loss of family member who prepares meals, nursing home placement etc.
Others	If there is any nutrition question or concern