Private Outpatient Renal Nutrition Criteria



Referring Health Professionals

- All Dietitian referrals are to be ordered via email, fax or mail; <u>SESLHD-TSH-Dietitians@health.nsw.gov.au</u>; Fax number 9540 7717; Renal Dietitian Allied Health Department, The Sutherland Hospital
- For urgent matters please also page #735 or call the Department on 9540 7685

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Referral Screening by Nutrition Department

Goal - referral prioritised within 72 business hours

Criteria	Referral Reasons
 Current patient of St George Hospital or The Sutherland Hospital based nephrologist Reside in the Sutherland Hospital LHD Bulk billed by nephrologist in private rooms CKD Stage 3B (eGFR < 44) 	Persistent Nephrotic syndrome (3 measurements or more) Unintentional weight loss Hyperkalaemia Fluid overload Hyperphosphatemia Indicators of poor nutritional intake i.e. persistent: hypokalaemia hypoglycaemia hypophosphatemia Presence of ≥ 2 nutrition-related symptoms i.e. taste aversion early satiety constipation diarrhoea Anorexia Nausea and/or vomiting

Date: April 2022 For Review: April 2025 Page 1 of 2

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Patient Name:
DOB:
Address:
Referral reason: Unintentional weight loss Proteinuria > 3 months Hyperkalaemia Hyperphosphataemia Fluid overload Indicators of poor nutrition (i.e hypokalaemia, hypoglycaemia, hypophosphataemia) Presence of > 2 nutrition related symptoms Taste aversion Early Satiety Nausea Constipation Diarrhoea Anorexia OTHER:
Name of Referrer:
Designation:

Date: April 2022 For Review: April 2025 Page 2 of 2