

July 2017

Renal eReferral and link to Chronic Kidney Disease module

On 20 July 2017, a new Chronic Kidney Disease (CKD) module linked to eReferral is available for use in BOP DHB. The CKD module is aligned and developed out of the national consensus statement [Managing Chronic Kidney Disease in Primary Care](#) (2015) and then has local referral thresholds and criteria embedded within the module. Therefore the module will automatically indicate whether your patient meets the threshold for renal referral within BOP DHB.

Key words for search: Renal

Referral To

Organisation Name	Department	Speciality
Search: renal		
BOPDHB - Public	Medical	Renal

DHB: BOP

Referral To

Refer To: BOPDHB - Public
Medical
Renal

Urgency: Please Select

Re:

Renal Service

Prior to referring to the Renal service please ensure you have assessed the patient in the BPAC Chronic Kidney Disease Module (Medtech32 and Medtech Evolution practices only) available in the BPAC main menu.

This change allows those practices with Medtech32 and Evolution, who access the BPAC National Chronic Kidney Disease (CKD) module, to create structured referrals from within the module and send them via eReferral.

When using the BPAC CKD module (accessible from the BPAC main menu and patient prompt) and your patient meets the threshold for referral, clicking on the 'Refer patient to Renal' will automatically open your eReferral system and create a structured referral with all details, reason for referral and nephrology details prepopulated.

Refer to Renal

- Stage G3b and proteinuria: refer when level of proteinuria is confirmed and sustained

Refer patient to Renal

Clinical Information

Reason for referral / Diagnosis / Problem: Stable CKD stage G3bA3

Details: Thank you for seeing this 86 year old male with Stable CKD stage G3bA3. His last blood pressure reading was 130/80 mmHg on Thu Jun 11 2015. His last two eGFRs show a 2% decline. His last 5 year eGFR declined by -5 mL/min/1.73m². His protein loss was estimated by ACR as 70 on Wed Mar 11 2015.

Nephrology Details

Date	Blood Pressure	Serum Creatinine	eGFR	ACR
Fri Jul 31 2015		157	34	
Thu Jun 11 2015	130 / 80			
Wed Mar 11 2015	149 / 95			70
Thu Jul 31 2014		155	34	
Wed Jul 31 2013		152	36	
Tue Jul 31 2012		147	37	
Fri Mar 11 2011		144	39	
Thu Mar 11 2010		135	42	
Sat Oct 11 2008		100	61	
Tue Mar 11 2008		106	57	
Sat Mar 11 2006		110	55	

Urinalysis Results (31.07.2015) Insignificant/Significant

Blood: Negative
Protein: Negative
Leukocytes: Negative
Glucose: Negative
Nitrite: Negative
Visible Haematuria: No
Persistent Micro Haematuria: No

The BPAC CKD module is in use in many parts of New Zealand however we are one of the few regions to have it linked electronically to the eReferral system!!

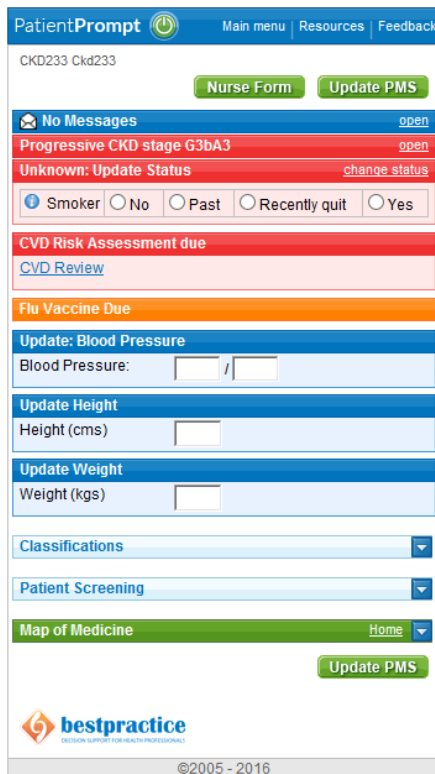
Any feedback and comments on the eReferral are welcomed by Christine.Scott@healthshare.co.nz

CKD Module User Guide

BESTPRACTICE DECISION SUPPORT

SYSTEM REQUIREMENTS

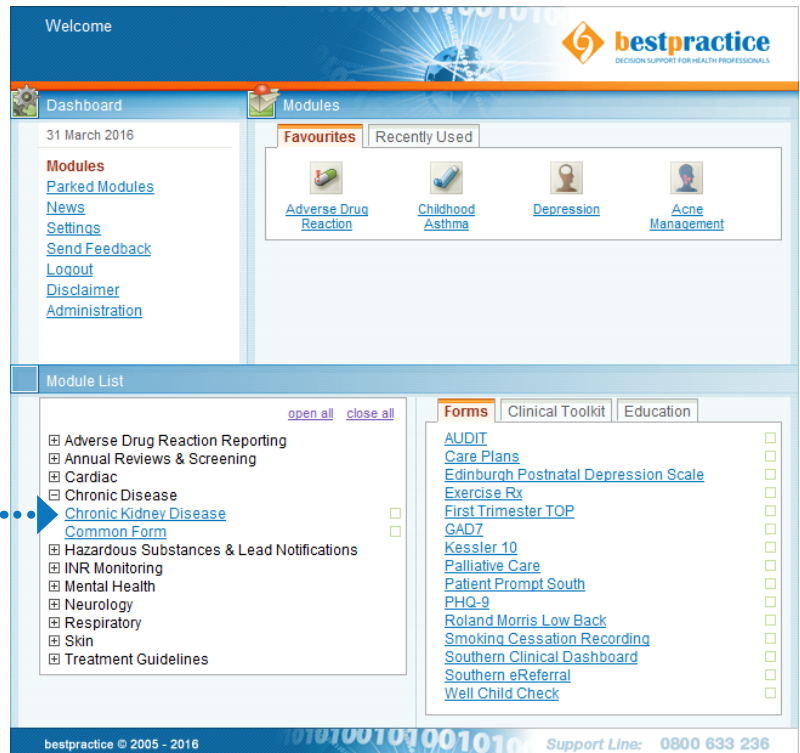
Required	Details
Medtech	32 or Evolution



LAUNCHING THE CKD MODULE

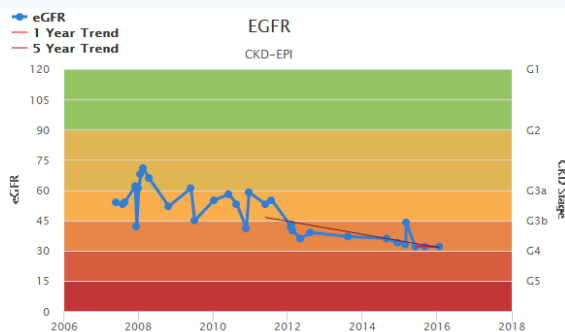
1. If your region uses the Patient Prompt you can launch the CKD module from here for patients with at least one serum creatinine lab result.
2. Click "open" on the CKD bar to launch the module.

If your region does not use the Patient Prompt you can launch the CKD module from the Main Menu, under Chronic Disease.



Progressive CKD stage G3bA3

Charts



Current/Existing Data

Laboratory Results

Serum Creatinine (most recent)	183	μmol/L	(20/01/2016)
eGFR	32	mL/min/1.73m ²	0% change from previous (02/09/2015)
Annual Rate of Change	-7	mL/min/1.73m ² /year	(01/06/2015 - 20/01/2016)
Five Year Rate of Change	-16	mL/min/1.73m ² /5 years	(26/05/2011 - 20/01/2016)
ACR (most recent)	310	mg/mmol	(11/02/2015)

Classifications

- Pregnant, renal transplant or on dialysis
- Past/Current Renal disease
- Diabetes
- Smoking Status: No Past Recently quit Yes

New Examination

Urinalysis

- Blood
- Protein
- Leukocytes
- Glucose
- Nitrite
- Visible Haematuria

 Persistent Micro Haematuria

Blood Pressure

Blood pressure (sitting): / Enter two blood pressure readings?

Clinical Advice

Offer influenza and pneumococcal vaccinations

Minimise nephrotoxic drugs and consider renal doses of medication

Review every six months with FBC, creatinine, electrolytes, lipids, HbA_{1c} and urine albumin-creatinine ratio

Urinary protein-creatinine ratio is less sensitive but sometimes used to monitor significant levels of proteinuria

No recent serum potassium found: do not implement any advice about starting or increasing ACE inhibitors or ARBs until normokalaemia verified

Target BP is systolic 120 - 129 and diastolic less than 80

Consider recording blood pressure if patient present

Monitor blood pressure every six months

If patient not already on ACE inhibitor (or ARB), consider starting (after checking renal function including electrolytes; recheck one to two weeks after initiation)

ACE inhibitors (or ARBs) are indicated in CKD with significant proteinuria regardless of blood pressure. Please use Common Form for more detailed advice on management of hypertension

Urine ACR indicated due to previous proteinuria (no recent ACR or PCR found)

Test for haematuria with dipstick due to presence of proteinuria

Confirm a positive result with two further tests over the following two weeks

Refer to Renal

- Stage G3b and proteinuria: refer when level of proteinuria is confirmed and sustained

CKD version 2.0.0 © bestpractice 2005 - 2016

IN THE CKD MODULE

The patient's CKD stage is calculated based upon the calculated eGFR and level of protein loss, and this will display at the top of the module.

The eGFR is graphed here. You can hover over the plots on the graph for the specific value and date recorded, as well as displaying one and five year trends.

The appropriate patient data is populated from the patient record. Hover over the info icon for more information about that field.

Additional information such as pregnancy or smoking status should be added here if applicable.

Enter New Examination details here.

Clinical advice will display here, based upon the information you've entered above, as well as the existing patient data.

Referral advice will display at the bottom of the module if necessary. If your region uses *bestpractice* eReferrals you can click this button to launch a referral directly. The eReferral is pre-populated with the information the nephrologist needs, additional information can be entered.

For regions where the *bestpractice* eReferral is not available the referral and the CKD module output can be saved to the practice management system and attached to your existing referral solution.

A video walkthrough of the *bestpractice* CKD module is available at www.bestpractice.net.nz