MedPOINT MANAGEMENT	**Clinical Protocol:** Nephrology – Specialty Referral	
	ORIGINAL EFFECTIVE DATE: 09/23/2021	**REVIEWED/REVISED DATE(S):** 09/23/2021 08/08/2022 11/15/2023 01/26/2026
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PROTOCOL OVERVIEW

This Clinical Protocol advises on indications, guidelines, and referral for Nephrology services.

INDICATIONS

Patients may be referred to Nephrology for evaluation or management of **1 or more** of the following:

- Gout and Hyperuricemia
  - Comorbid kidney disease (eg, diabetic nephropathy, medication-induced nephropathy)
  - Diuretic needed to treat medical comorbidity (eg, hypertension, heart failure)
  - Gouty nephropathy
  - History of uric acid kidney stone
  - Serum uric acid level elevated in renal transplant recipient
- Connective Tissue Disorders, Inflammatory Arthritis, and Spondyloarthropathies including lupus and rheumatoid arthritis.
  - For evaluation or management of renal complications (eg, abnormal urine sediment, proteinuria, lupus nephritis)
- Osteoporosis
  - for evaluation or management of **1 or more** of the following
    - Hypercalciuria
    - Metabolic bone disease (eg, renal osteodystrophy)
    - Renal failure
- Spinal cord injury
  - For evaluation or management of renal insufficiency
- Transient Ischemic Attack and Ischemic Stroke
  - for evaluation or management of difficult-to-control hypertension
- Hypertension
  - for evaluation or management of **1 or more** of the following:
    - Hypertension secondary to renal disease
    - New-onset hypertension in patient younger than 25 years
- Dyslipidemia
  - for evaluation or management of **1 or more** of the following:
    - Chronic kidney disease contributing to dyslipidemia
    - Elevation of creatinine or creatine kinase on therapy
    - Lipoprotein apheresis

        - Nephrotic syndrome contributing to dyslipidemia
- Heart failure
    - For evaluation or management of renal insufficiency
- Deep Venous Thrombosis, Lower extremities
    - For evaluation or management of renal failure
- Obstructive Sleep Apnea
    - For evaluation or management of renal condition that may complicate, be exacerbated by, or mimic obstructive sleep apnea (e.g., end stage renal disease)

- HIV/AIDS
    - for evaluation or management of renal manifestations (eg, HIV nephropathy, nephrolithiasis, nephrotoxicity from medications)
- Diabetes Mellitus
    - for evaluation or management of **1 or more** of the following:
        - Chronic renal failure
        - Nephrotic syndrome
        - Uncontrolled hypertension
- Chronic Kidney Disease
- Nephrotic syndrome
- Nephritic Syndrome
- Parathyroid related disorders
- Volume status (overload and depletion)
- Electrolyte disorders including sodium and potassium
- Acidosis and alkalosis pathologies
- Renal tubular acidosis
- Genetic diseases of the kidney and related organs including pulmonary and renal syndromes
- SIADH

RECOMMENDED RECORDS

Current history physical or progress notes, relevant consultations, urine analysis and urine protein/creatinine ratio and urine cytology and PTH, Vitamin D, CBC, CMP and iron studies including B12 and folate as well as kidney ultrasound and HA1C, RPR, C3/C4, HIV, Hep Panel, SPEP/UPEP and urine sodium, urea and creatinine as well as chest x ray and EKG, Echocardiogram if available and any other imaging or lab work done as well as any previous biopsy reports and stress tests as well as GYN -GU history and studies as well as age appropriate malignancy screening (mammo, pap and chest x ray if smoker).

CITATIONS

1. MCG Care Guidelines 29th edition, 3/4/2025 https://www.mcg.com/

CLINICAL PROTOCOL REVISION HISTORY

Revised By:	Ashley Gonzale: UM Project Coordinator; Diane Reyes, Outpatient UM Clinical Manager	**Date:** 01/26/26	
Approved By:	Michelle Tom, MD, Senior Medical Director of Operations	**Date:** 2/4/2026	**Signature** Signed by: [redacted]

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