

Renal Advice/Referral, Consider if:

1. e GFR <30- to prepare for future endstage kidney disease/treat renal anaemia & mineral bone metabolism
2. Severe proteinuria (uACR>70) – suggests glomerular disease, may need kidney biopsy
3. Proteinuria (u ACR >30) and haematuria- suggests glomerular disease, may need kidney biopsy
4. Proteinuria (u ACR>30) without diabetes- suggests glomerular disease, may need kidney biopsy
5. Persistent haematuria- in people <50 years, or if no urological abnormality found
6. Progressive renal decline by $\geq 25\%$ or by ≤ 15 ml/min/year.
7. Unable to achieve blood pressure control to target, particularly if u ACR > 30.
8. Hereditary renal disease eg APKD/ consideration for Tolvaptan.