



Title: Farwaniya Hospital Internal Medicine and Nephrology Unit Policy	
Policy Owner:	Policy Code: A-IMNEP-004
Section location: Emergency department, dialysis center and Medical Wards	Effective Date: 08-01-2023
Applies to: Inpatient and outpatients clinical services	Revision Date: 01-01-2025
Approvals	Signature Date:
Approved by: Head of Nephrology unit	
Approved by: Head of Internal Medicine Department	
Approved by: Chief Medical Officer	
Notes	

1.0 Purpose: To regulate the relationship between Internal Medicine units and Nephrology unit

2.0 Indication for dialysis (including but not limited to)

- 2.1 Uremia or uremic manifestations
- 2.2 Volume overload refractory to medical therapy
- 2.3 Severe metabolic acidosis refractory to medical therapy
- 2.4 Severe hyperkalemia refractory to medical therapy
- 2.5 Drug overdose that has no antidote, methanol, ethylene glycol toxicity, or other toxins

3.0 Definitions

3.1 Acute Kidney Injury (AKI)

- 3.1.1 Increase in serum creatinine of $\geq 26.5 \mu\text{mol/L}$ within 48 hours or $\geq 50\%$ within 7 days, or
- 3.1.2 Urine output of $< 0.5 \text{ mL/kg/hour}$ for > 6 hours

3.2 Chronic Kidney Disease (CKD)

- 3.2.1 Duration ≥ 3 months, based on documentation
- 3.2.2 Glomerular filtration rate (GFR) $< 60 \text{ mL/min/1.73 m}^2$
- 3.2.3 Kidney damage, as defined by structural abnormalities or functional abnormalities other than decreased GFR

3.3 End Stage Kidney Disease (ESKD)

- 3.3.1 On regular dialysis or GFR $< 15 \text{ mL/min}$

3.4 Nephrotic Syndrome, presence of both

- 3.4.1 Nephrotic range proteinuria (protein excretion greater than 3.5 g/24 hours)
- 3.4.2 Hypoalbuminemia (less than 35 g/L)



4.0 Admission and Takeover Protocol

4.1 **Acute Kidney Injury (AKI) with NO Chronic Kidney Disease**

- 4.1.1 Patient presenting with AKI (not requiring dialysis) must be admitted under the care of **Internal Medicine**.
- 4.1.2 Patients presenting with AKI who **require dialysis** acutely with or without other medical conditions, must be admitted under the care of **Nephrology** unit. The medical consultation team/subspecialties units can be involved for tailoring the management plan regarding other medical conditions. Once the patient is no longer requiring dialysis but requires hospital stay for other medical condition(s), can be transferred back to the medical unit (based on date/time of admission) after evaluation by the medical consultation team.

4.2 **Chronic Kidney Disease (CKD)**

- 4.2.1 Patients with stable CKD that are not requiring dialysis presenting with other medical issues (not related to the kidney) must be admitted under the care of **Internal Medicine** and consultation to Nephrology unit to be sent if needed.
- 4.2.2 Patients presenting with AKI on top of CKD who **require dialysis** at any time during admission, must be taken over by the **Nephrology** unit even if they have active ongoing medical problems. Consultation(s) should be sent to subspecialties pertaining the active medical problem.

4.3 **End-Stage Kidney Disease (ESKD)**

- 4.3.1 Any patient who is labeled as ESKD must be admitted under **Nephrology** unit regardless of his medical condition (includes patients refusing dialysis) and consultation to be sent to the related subspecialty.

4.4 **Renal Transplant**

- 4.4.1 Patients presenting with AKI or AKI on top of CKD, must be admitted under the care of **Nephrology** unit.
- 4.4.2 Patients presenting with infection, must be admitted under the care of **Nephrology** unit.
- 4.4.3 Patients with normal creatinine presenting with other medical issues, must be admitted under the care of **Internal Medicine** and consultation to be sent to Organ Transplant center (OTC) for management of immunosuppressant, with contact to be done by the nephrology unit.



4.5 **Renal biopsy**

- 4.5.1 All cases for elective admission for renal biopsy must be admitted under the **Nephrology** unit.
- 4.5.2 Patient who requires renal biopsy must be taken over by the **Nephrology** unit if no active ongoing medical problem that needs inpatient care by the Internal Medicine unit.
- 4.5.3 **Nephrotic Syndrome** – patient who are admitted to the **Internal Medicine units** with nephrotic syndrome, will be evaluated by the nephrology unit to decide on biopsy or discharge plan as soon as nephrotic range proteinuria is confirmed.

4.6 **Patients with long hospital stay (more than 3 months)** – patients who stay in hospital for longer than 3 months and developed AKI (who might require dialysis or not), should be seen daily by the nephrology unit. Patient will remain under the care of **Internal Medicine** or the subspecialty unit until it is deemed ESKD by the Nephrology team, then must be taken over by the **Nephrology** unit.

4.7 **Patients in vegetative state** - patients admitted to Internal Medicine or other subspecialty units who are in vegetative state and develop ESKD during their admission, must be kept under the care of the admitting unit (Internal Medicine or subspecialty). Dialysis orders will be written and carried out by the Nephrology team.

5.0 **Monitoring procedures**

- 5.1 Any breach for the above policy can be reported using the hospital incident report online system.