This Post-Consult Letter is designed to be sent by nephrologists to the referring physician after the patient has been seen. It is presented in three formats to meet the requirements of differing physician letter-writing patterns. The letter, used in any of the three formats, is meant to serve three purposes:

- Help establish effective communication with the referring physician
- Serve as a reminder regarding the various clinical issues that need to be addressed in patients with advanced CKD
- Define mutual responsibilities for these clinical issues ("who does what")

**Pointers for effective use of this tool:**

- You can use the letter as provided, or format it with your own letterhead and personalize it by typing in the name of the addressee, the patient, dates, etc. (Please use the MS-Word version for this purpose.)
- If you generally dictate your own personalized letters, you may want to use the bulleted checklist that will simply serve as a guide for your own letter.
- If you prefer to use a web-based tool with drop-down menus to select various options, a web version of the letter is available at: www.nkdep.nih.gov/healthprofessionals/tools/consult or www.renalmd.org.
- You may want to attach a concise version of the guidelines (Executive Summary found in Physician Education Material) along with this letter.
- The Awareness Letter, the Referring Physician Faxback Form, and the CKD Post-Consult Letter are designed to work best if used by a nephrologist in that sequence.

**Checklist For Drafting Post-Consult Letter**

- This patient has an estimated GFR of ____ mL/min/1.73m²
- S/he is in CKD stage 1 / 2 / 3 / 4 / 5
- Major issues that need to be addressed at this stage:
  - Establishing the cause of the CKD
  - Optimizing BP
  - Management of dyslipidemias
  - Diabetes management
  - Evaluation and treatment of anemia
  - Calcium, phosphorus, and metabolic derangements
  - Avoidance of nephrotoxic agents
  - Attention to nutrition
  - Education about renal replacement therapy options
  - Referral for vascular access when appropriate
  - Advice regarding avoiding venipunctures in either arm, but especially nondominant arm
- Clarify who is responsible for what
Dear ________________________________________,

Thank you for asking me to assist in the care of your patient, ____________________, who was seen in my office on ___ / ___ / ___ for evaluation of chronic kidney disease (CKD). S/he has a serum creatinine of ____ mg %, with an estimated GFR of ____mL/min/1.73m2 (Stage 1 / 2 / 3 / 4 / 5 CKD).

The major issues that need to be addressed at this stage are: establishing the cause of the CKD; optimizing BP; lipid and diabetes management; evaluation and treatment of anemia, calcium, phosphorus, and metabolic derangements; avoidance of nephrotoxic agents; attention to nutrition; education about renal replacement therapy options; and referral for vascular access when appropriate. I anticipate that over the next year, I will need to see your patient every ____ months. I will be reminding your patient to avoid venipunctures in either arm, but especially the nondominant arm. The best place for blood drawing is the dorsum of either hand, if possible.

I ordered certain studies at my visit with him/her and will forward the results to you as they become available. I plan to focus my attention on achieving BP goal (<130/80), managing renal-related bone disease and anemia, and ongoing review of medications/doses that may need adjustment in advanced CKD. I will also arrange for nutritional counseling, education on modalities of renal replacement therapy, and referral for vascular access at an appropriate time. If you would prefer to primarily manage any of the above areas of care, please let me know and we can agree on appropriate goals.

I will send a letter or copy of office notes after each visit. The patient’s next appointment is ___ / ___ / ___. If you have any questions or concerns, please do not hesitate to contact me. The best way to reach me is by telephone (___-___-____) beeper/mobile (___-___-____).

Sincerely yours,

____________________________________

Date ___ / ___ / ___