**Referral pathway for Diabetics with renal Involvement**

**NOTE: The combined presence of both blood and protein in the urine may suggest a glomerulonephritis.**

**Such patients should have urgent bloods sent and be discussed with the renal on call if concurrent AKI found.**

**If renal function is normal or stable CKD urgent OP referral to nephrology**

**ACR to PCR**

**NOTE: An ACR of 70 is comparable to a PCR of 100 both of which equate to 1g proteinuria/24 hours**

**Diabetic**

**Rising Creatinine or ACR**

**eGFR <60 and dropping >5ml/year (minimum of 3 consecutive results)**

**ACR rising and >70**

**BP uncontrolled on3 agents**

**Nephrotic syndrome PCR >200, low serum albumin and oedema**

**Concurrent haematuria**

**Referral for Nephrology OP**

**eGFR >60 or stable**

**ACR <70**

**Optimise ACEi/ARB**

**Statin and Aspirin**

**Lifestyle advise/modification**

**Optimise BP and diabetes**

**Consider SGLT2 inhibitor**

**Monitor bloods and ACR every 12 months**

**Check U&E, LFT, Bone, CRP, ferritin**

**Request Renal USS**

**Check BP**