Patients suitable for paediatric renal shared care clinics

This is based on the NHS England standard contract for paediatric medicine (renal) service specification – E03/S/a.

The following patients are suitable for long-term follow-up in specialist renal shared care clinics (with funding from specialised commissioning):

- Follow-up for acute kidney injury. NICE acute kidney injury guideline (CG169) recommends long-term follow-up for AKI due to the increased risk of the development of future CKD.
- Severe chronic kidney disease (CKD categories 4 and 5 including those on chronic dialysis HD or PD). This is likely to be shared with follow-up in Nottingham where there is access to a wider multi-disciplinary team.
- Follow-up for renal transplantation. This is likely to be shared with follow-up in Nottingham.
- Moderate chronic kidney disease (CKD category 3).
- Complicated nephrotic syndrome, defined as frequently relapsing or steroid-dependent disease requiring active second-line treatment or nephrotic syndrome that has been characterised by complicated relapses.
- Chronic and/or complex glomerular disorders such as IgA nephropathy, lupus nephritis and membranoproliferative glomerulonephritis.
- Vasculitis such as Wegener's granulomatosis, microscopic polyangiitis and complex Henoch-Schonlein purpura.
- Tubulointerstitial disorders including renal tubular transport disorders that are primary or secondary to acquired or metabolic disease such as cystinosis, Lowe's syndrome, Bartter's syndrome or nephrogenic diabetes insipidus.
- Complex/severe hypertension. This would include hypertension requiring more than one anti-hypertensive, or hypertension known to be caused by renovascular disease, renal parenchymal scarring or other defined hypertensive condition.
- Nephrolithiasis
- Complex urinary tract malformations such as high grade vesico-ureteric reflux or posterior urethral valves. NICE UTI guideline (CG54) recommends all children with bilateral high-grade VUR should be under the care of a paediatric nephrologist. This care will often be shared with paediatric urology.
- Complex neuropathic bladder particularly those requiring other specialised services.

All of the above categories of patients with the exception of CKD 5 patients are also suitable to be seen in nephrology clinics within children's hospitals outside of Nottingham where they are seen by experienced SPIN paediatricians, usually in a shared-care arrangement with tertiary paediatric nephrologists.

In addition, the following patients are suitable for an opinion and short-term follow-up or shared-care (alternating with non-specialist clinics) arrangements:

- Recurrent urinary tract infections, including children with renal malformations and/or renal scarring.
- Severe nocturnal enuresis or daytime wetting.
- Follow-up for antenatal hydronephrosis/malformations such as pelvi-ureteric junction hold-up or multi-cystic dysplastic kidneys.
- Mild-moderate chronic kidney disease (mild-moderate CKD 1-2)
- Uncomplicated nephrotic/nephritic syndrome
- Haematuria proteinuria for initial investigation
- Follow-up for persistent microscopic haematuria
- Mild/moderate hypertension

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