

Nephrology

The Nephrology practice at Valley Children's provides a specialized, multidisciplinary approach to the care of infants, children and adolescents with congenital and acquired kidney disease. Professionals in clinical nutrition, social work and nursing support the practice.

The nephrology practice provides comprehensive and continuous inpatient and outpatient care including the only dedicated pediatric peritoneal dialysis program in the Central Valley. Other treatment options for acute, advanced or permanent kidney failure include hemodialysis and continuous venovenous hemofiltration.

Diagnostically, the nephrology practice offers a minimally invasive percutaneous, ultrasound-guided renal biopsy to evaluate the full spectrum of nephritides and nephropathies.

The team treats conditions including acute and chronic renal failure and other syndromes and disorders related to kidney disease. Our team also works closely with our pediatric urologists at Valley Children's in the medical care of patients with complex urologic problems.

Nephrology utilizes nurses, a dietitian, and social worker with many years' experience in pediatric nephrology. Their follow-up between clinic visits ensures the best outcomes and is the foundation of the practice.

Access Center 24/7 access for referring physicians (866) 353-KIDS (5437)

Outpatient Referral Referral forms online at valleychildrens.org/refer FAX: (559) 353-8888

Nephrology Office Numbers Main: (559) 353-5770 FAX: (559) 353-5822 Physician Line: (559) 353-5786

Physician Liaison (559) 353-7229



Pediatric Nephrology Consultant Reference Guide

Condition	Pre-referral Work-up	When to Refer
Chronic Kidney Disease	Pertinent medical records, including growth charts.	Any patient with known chronic kidney disease from an underlying condition.
	Relevant laboratory studies	
	List of all medications	
	Blood pressure readings	
Hematuria	Pertinent medical records, including growth charts.	2 or more consecutive urinalyses or dipsticks are positive for >5
	Relevant laboratory studies	RBCs/HPF:
	List of all medicationsBlood pressure readings	 Microscopic hematuria is present in multiple family members
		 Recurrent episodes of painless gross hematuria have occurred
		 Proteinuria is seen along with hematuria
		Hypertension is present
		 Signs of constitutional illness are seen (weight loss, fever, arthralgia, rash, fatigue)
Hypertension	Pertinent medical records.	Pre-hypertension:
	List of all medications	90th percentile – 95th percentile or if BP is
	 Blood pressure readings 	>120/80 mmHg
	• If the family has obtained BP readings at home and school, please encourage them to bring them to the appointment.	 Recheck in 6 months – refer if elevated when repeated
		 Note:120/80 occurs typically at 12 years old for SBP and at 16 years old for DBP
		Stage 1 hypertension:
		• 95th percenttile – 99th percentile plus 5 mmHg
		 Recheck in 1-2 weeks or sooner if patient is symptomatic
		• If persistently elevated on 2 additional occasions evaluate or refer to source of care within 1 month
		Stage 2 hypertension
		 >99th percentile plus 5 mmHg
		 Recheck within 1 week; if persistent
		• Evaluate or refer to pediatric nephrology within 1 week or immediately if patient is symptomatic (severe headache, nausea, vomiting, blurred visior accompanying blood pressure above the 95th percentile)
		(Adapted from The Fourth Report on the Diagnosis, Evaluation, and Treatment of High Blood Pressure in Children)



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Condition	Pre-referral Work-up	When to Refer
Nephrotic Syndrome	Pertinent medical records, including growth charts.	Positive physical findings
	List of all medications	
	Blood pressure readings	
	• All labs	
	Results of PPD testing and varicella titer	