



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 a 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

Condition	Pre-Referral Work-up	When to Refer
Chronic Kidney Disease	Pertinent medical records, including growth charts <ul style="list-style-type: none"> • Relevant laboratory and imaging studies • List of all medications • Blood pressure readings 	Any patient with known chronic kidney disease from an underlying condition
Hematuria	Pertinent medical records, including growth charts <ul style="list-style-type: none"> • Relevant laboratory studies • List of all medications • Blood pressure readings • Renal ultrasound 	2 or more consecutive urinalyses or dipsticks are positive for >5 RBCs/HPF: <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • List of all medications • Blood pressure readings • If the family has obtained BP readings at home and school, please encourage them to bring them to the appointment. 	Pre-hypertension: <ul style="list-style-type: none"> • 90th percentile - 95th percentile or if BP is >120/80mmHg • 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: <ul style="list-style-type: none"> • 95th percentile plus 12 mm/Hg • 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 State 2 hypertension <ul style="list-style-type: none"> • 95th percentile plus 12 mm/Hg • 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 vision accompanying blood pressure above the 95th percentile)

Adapted from The Fourth Report on the Diagnosis, Evaluation, and Treatment of High Blood Pressure in Children

Condition	Pre-Referral Work-up	When to Refer
Nephrotic Syndrome	<ul style="list-style-type: none"> Pertinent medical records, including growth charts List of all medications Blood pressure readings All labs Results of PPD testing and varicella titer 	<ul style="list-style-type: none"> Positive physical findings
Proteinuria	<ul style="list-style-type: none"> Urine samples First morning urine with urine protein/creatinine 	<ul style="list-style-type: none"> Elevate first morning urine sample >0.2 Clinical symptoms Relevant family hx
Recurrent UTIs	<ul style="list-style-type: none"> Urine samples with urine cultures Renal and bladder ultrasound and/or other pertinent imaging 	<ul style="list-style-type: none"> Continued UTIs despite management of constipation and bladder dysfunction Abnormal renal/bladder imaging Abnormal kidney function
Kidney Stones	<ul style="list-style-type: none"> Renal ultrasound, KUB and/or CT scan showing kidney stones or sequela of kidney stones Urine sample 	<ul style="list-style-type: none"> Stones noted on imaging