**Template for new low clearance consultation letter addressed to patient:**

Patient name, hosp number, weight and BP (as normal)

Also say: ‘addressed to patient, GP copied in’.

It was a pleasure to meet you today on your first visit to the low clearance clinic. You are a (NUMBER) year old man/woman referred to us from the nephrology clinic at (HOSPITAL). You are currently (STAGE 4/5) chronic kidney disease secondary to (CAUSE). Other medical history is as detailed above.

You live with (wife/husband/children/on your own) in your X bedroomed council flat/own house etc.

You have brothers/sisters/nearby (who help with X/ you are independent in activities of daily living / you support your elderly parents with activities of daily living).

Your work as X / you are retired.

You enjoy X and are a member of X groups/church.

You rarely travel / you regularly go abroad etc

You do not smoke / drink alcohol.

**Your symptoms**

You generally feel well/unwell.

On examination, weight is increasing/decreasing/stable at X kilos, giving a BMI of X which is acceptable/too high etc. You appear in a good/poor fluid balance with no/some/severe pitting ankle oedema bilaterally and no/significant shortness of breath at rest. You are/are not short of breath on exertion. Blood pressure is acceptable / above target as above. Your fluid intake is reasonable/too high and you add/do not add salt to your meals. We have advised ...

In terms of ureamic symptoms, your appetite is good/bad, with no/slight/severe taste disturbance, nausea and vomiting. Energy levels are (DESCRIBE) and you sleep well/poorly. You report no problems/problems with cramps and are/are not troubled by itching.

**Your risk factors for kidney disease progression**

I explained that we will aim to preserve your remaining kidney function as long as possible, through the following important issues.

You do/do not smoke.

You do not have diabetes / your diabetes is well/poorly controlled and we have...

Your cholesterol is high / satisfactory with/without medication.

Today's blood pressure is within target / high /low and we have...

Your blood is acidic and we have... / not acidic / with bicarbonate supplementation.

You take regular exercise / you are largely inactive and we have...

**Your blood results and what they mean**

Your kidney function is stable / poor and gradually getting worse, your eGFR (which is roughly the same as % kidney function) today is X%.

You have/do not have adequate red blood cells (HB) and good/poor iron levels /and so...

Your potassium is within normal limits/raised but safe/too high and we have...

Your calcium, phosphate and PTH levels show satisfactory/poor bone health / and we have...

**Your plans for the future**

I spent some time explaining the roles of the kidneys and the implications and prognosis of their failure.

I introduced you to your options for renal replacement therapy. Because of your age and co-morbidities you are / are not suitable for a transplant (and?...).

In terms of dialysis, (WHAT WOULD BE ADVANTAGEOUS, WHAT WOULDN’T, AND WHY).

I also explained the conservative care pathway but as this would significantly reduce your life expectancy I wouldn’t expect you to choose this option / as due to your co-morbidities and frailty we can’t be sure that dialysis will significantly extend your life expectancy and you may decide that the burdens of dialysis outweigh the benefits.

I have given you some written information and invited you to a patient information day where you can learn more about these options before we help you come to a decision regarding your preferred pathway.

**Changes to your management today**

1. We have agreed that you will increase / decrease X.

2.etc

We will see you in 6 weeks.

*Ask for anything which you want to draw the GPs attention to to be typed below the GP address e.g. ‘Dear GP, please note changes in medication. Thank you’.*

An example:

It was a pleasure to meet you this morning on your first visit to low clearance clinic. You are 73 years old and were referred to us from the nephrology clinic here at King’s. You are currently in stage 4 of chronic kidney disease secondary to polycystic kidneys. Other medical history is as detailed above. You report no known allergies. You quit smoking 20 years ago and very rarely drink alcohol.   
  
You live on your own in your own 2 bedroom maisonette and have brothers and a nephew living nearby. You enjoy a busy social life, and gardening and crosswords. You are independent in activities of daily living doing your own housework and shopping. You have no particular religious preference. Maintaining your independence is very important to you in the coming years. You walk quite a bit most days.   
  
Your risk factors for kidney disease progression;   
You do not cook with salt, but will get more advice from our dietician when you next attend. Your blood is not acidic. Your blood pressure is satisfactory. You are not a smoker or diabetic. Your cholesterol is well controlled with Simvastatin.   
  
Your symptoms;   
Generally you feel well. sometimes your legs get a bit tired. You get short of breath on exertion but none when you lie with 2 pillows and your fluid balance appears satisfactory with only minor ankle oedema visible. Your weight is within your normal range. Your appetite is good and you are not troubled by nausea, vomiting or taste disturbance. You did not complain of excessive cramps or itching.   
  
Your blood results and what they mean;   
Your red blood cell count (HB) is satisfactory, but your iron stores are on the low side and we will give you an injection of iron when you next attend. Your potassium is a little raised and as discussed you will meet with the dietician soon. I am happy with your bone and liver health.   
  
Your kidney blood tests are poor but worsening only very gradually, today your eGFR (which is roughly the same as % kidney function) is 18%.

Your plans for the future;   
I spent some time explaining the roles of the kidneys to you and the implications and prognosis of their failure. You have also managed to gain some information from other patients who you have come into contact with through the renal exercise group. You are initially more drawn to haemodialysis than peritoneal dialysis as the thought of infections and managing the dialysis tube for yourself makes you a little anxious. I explained that peritoneal dialysis is a more continuous form of therapy and more gentle on the heart, and allows you to maintain your independence, but may not be the best treatment for you because of the space in your abdomen which is taken up by your cystic liver and kidneys. You will come along to a patient information day later this month where you will learn more about these two options before we move forward with helping you reach a decision for your preference at this time. You understand that a transplant would not be in your best interests and that the conservative pathway is always available to you, but not an option I would expect you to choose currently as it would significantly reduce your life expectancy.   
  
No changes to your management were needed today, we will see you again in early December after you come to the patient information group in a couple of weeks.