

Date: [Date]

To: [Requesting Surgeon/Physician Name]

Department: [Surgical Department]

Re: Pre-Operative Nephrology Clearance

Patient Name: [Patient Name]

Date of Birth: [DOB]

Proposed Procedure: [Procedure Name]

Scheduled Date: [Surgery Date]

1. Diagnosis & History

CKD Stage: [Stage, e.g., Stage 3b]

Etiology: [e.g., Diabetic Nephropathy, Hypertension]

Baseline Creatinine/eGFR: [Value] / [Value]

Relevant Comorbidities: [e.g., HTN, CHF, Diabetes]

2. Current Medications

- [Medication 1] - (Plan: [Continue/Hold])
- [Medication 2] - (Plan: [Continue/Hold])
- **ACEi/ARB:** [Recommendation to hold 24h prior or continue]
- **Diuretics:** [Recommendation to hold day of or continue]

3. Clinical Assessment

Volume Status: [e.g., Euvolemic / Pitting Edema / Fluid Restricted]

Electrolyte Stability: [e.g., Potassium and Bicarbonate within normal limits]

Blood Pressure Control: [Current Reading]

4. Peri-Operative Recommendations

- **Hydration:** [e.g., Maintain isotonic IV fluids at XX ml/hr; avoid dehydration]
- **Medication Management:** [e.g., Avoid NSAIDs and Nephrotoxic agents post-operatively]
- **Renal Dosing:** [e.g., Adjust all renally cleared antibiotics and analgesics]
- **Monitoring:** [e.g., Daily BMP and strict I/O monitoring for 48 hours post-op]
- **Contrast Media:** [e.g., Avoid IV contrast if possible; if necessary, use pre-hydration protocol]

5. Conclusion

From a nephrology standpoint, the patient is **[Cleared / Cleared with High Risk]** for the scheduled procedure, provided the above recommendations are followed.

Sincerely,

[Physician Signature]

[Physician Name, MD]

[Nephrology Department]

[Contact Information]