

Department of Laboratory Medicine
Royal Infirmary of Edinburgh,
51 Little France Crescent,
Edinburgh
EH16 4SA

Clinical Biochemistry
CPA Accredited

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25th November 2016

Dear Colleague,

Changes to automatic urea testing (Primary Care)

It has now been almost a year since the creatinine & electrolytes (C&E) profile was introduced to primary care. We have been continually monitoring the success of this arrangement. We have identified that many of the automatic urea additions are occurring on samples from patients with stable, chronic kidney disease and that these measurements are adding little value to patient care, but needlessly adding to both laboratory and GP workload. It has therefore been agreed through PLIG that the criteria for the automatic addition of urea to a 'C&E' profile should be changed. These changes will reduce unnecessary urea requests whilst also adding in additional criteria to try and ensure that patients with acute kidney impairment have a urea result automatically measured.

At present a urea is automatically added to a C&E profile if the:

- i. sodium concentration is above 148 mmol/L.
- ii. creatinine level is 100 µmol/L or more

From **5th December 2016** this criteria will change and urea will automatically be added if the:

- sodium concentration is above 148 mmol/L.
- creatinine level is 200 µmol/L or more
- creatinine level is more than 1.5 x the baseline creatinine (defined as the median creatinine level from the last 12 months)

This change will apply to all requests for C&Es made via the electronic test request system ICE ('GP Order Comms').

As before the 'Chemotherapy bloods' orderset will continue to request 'U&E' and any samples received with a hand written form will still continue to have a 'U&E' profile measured.

We will continue to monitor the success of this new arrangement. Please e-mail me at sienks@nhs.net if there are any specific comments about this change.

Kind Regards

SJenks

Dr Sara Jenks, PLIG Chair,
Department of Clinical Biochemistry, RIE