Appendix 5

NEPHROTIC SYNDROME GUIDELINES – DIETETIC MANAGEMENT

Referral Criteria

1. All children with a new diagnosis of Nephrotic Syndrome should be referred to a Dietitian for detailed dietary assessment and advice.

2. Children with Nephrotic Syndrome should be re-referred in an out-patient setting for dietary advice if they have:
   - BMI centile ≥91st centile on the 1990 chart or excessive weight gain
   - Complex nephrotic syndrome with failure to thrive and weight faltering
   - Reduced renal function (eGFR <30mls/min ie. CKD 3-5)

Dietetic Advice

Salt
On diagnosis of Nephrotic Syndrome patients should be advised to follow a reduced salt diet and continue this once the child is in remission. It is often the case that dietary intake exceeds healthy recommendations. In practice a “reduced salt diet” aims to reduce the patient’s salt intake to below the maximum recommended limits in order to assist with blood pressure control and fluid restriction:

- 1 to 3 years: 2g salt per day (0.8g sodium)
- 4 to 6 years: 3g salt per day (1.2g sodium)
- 7 to 10 years: 5g salt per day (2g sodium)
- 11 and over: 6g salt per day (2.4g sodium)


Fluid
During the initial phase patients may need to be on a fluid restriction. However this is normally relaxed before the child is discharged from hospital.

Protein
Patients should not be advised to eat a high protein diet. Dietary protein intake should match the Reference Nutrient Intake for age and gender (Department of Health, 1991).

Weight management
Children on steroids may require weight management advice. The SIGN Obesity Guidelines should be used as best practice – [http://www.sign.ac.uk/guidelines/fulltext/115/index.html](http://www.sign.ac.uk/guidelines/fulltext/115/index.html)