**Acute Kidney Injury Clinic Referral**

Evelina London Children’s Hospital is now running a regional AKI clinic to follow up children with AKI stages 2-3 if for **≥ 2 days**

**Definition AKI**

**AKI 2:** Serum creatinine 2-3x reference creatinine (RC)

**AKI 3:** Serum creatinine >3x RC

**Please send completed form to** [*gst-tr.ELCHPaedRenalReferrals@nhs.net*](mailto:gst-tr.elchpaedrenalreferrals@nhs.net)

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient’s full name** |  | **Referral Date** |  |
| **Date of birth** |  | **Local hospital** |  |
| **GSTT hospital no.** |  | **NHS no.** |  |

|  |  |  |
| --- | --- | --- |
| **Details of referral** |  | **Please tick unless otherwise specified** |
| **Reason for Referral** | AKI Stage 2 for ≥ 2 days |  |
|  | AKI Stage 3 for ≥ 2 days |  |
| **Did they require renal replacement therapy?** | Yes |  |
|  | No |  |
| **If Yes…** | CVVH |  |
|  | Haemodialysis |  |
|  | Peritoneal Dialysis |  |
| **If Yes please give dates…** | From…../…./…. | To…../…../….. |
|  |  |  |
| **Peak serum Creatinine** | …..umol/l | Date: |
| **Discharge serum Creatinine** | …..umol/l | Date: |
| **Renal tract ultrasound performed** | Yes |  |
|  | No |  |

**Background:**

**Renal tract ultrasound date and report if applicable:**

**Medications received during hospital admission:**

**Discharge medication:**

**Main team at ELCH and/or local hospital and follow up plan:**

**Named consultant(s):**