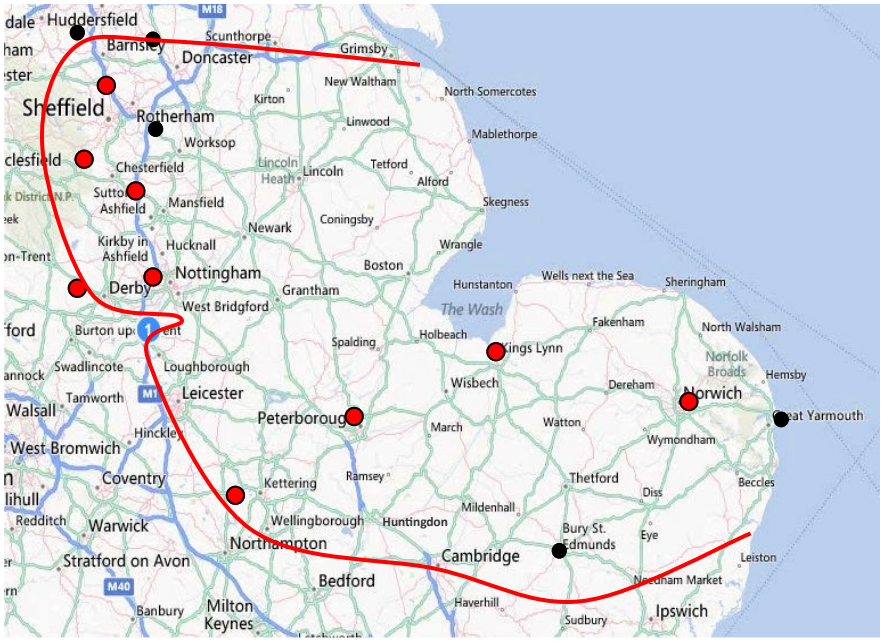

Any queries please contact us via:

Email: nuhnt.paediatricakifollowup@nhs.net

EMEESY
The Children's Kidney Network

EMEESY
The Children's Kidney Network

NHS
Nottingham University Hospitals
NHS Trust

Follow up for patients receiving renal replacement therapy for AKI on PCCU

Information for Clinicians
Children's Renal & Urology Department

This document can be provided in different languages and formats. For more information please contact:

Children's Renal and Urology Department
Nottingham Children's Hospital
Queen's Medical Centre

Nottingham Children's Hospital

We Listen We Care

An increasing number of children admitted to PCCU are developing Acute Kidney Injury (AKI) which requires treatment with continuous renal replacement therapy (CRRT) in the form of CVVH or PD.

AKI is defined as any of the following:

- Increase in SCr by ≥26.5 mmol/l within 48 hours; or
- Increase in SCr to ≥1.5 times baseline, which is known or presumed to have occurred within the prior 7 days; or
- Urine volume < 0.5 ml/kg/h for 6 hours.

(pRIFLE, AKIN & KDIGO 2012)

Exclusion criteria:

- The child must come under the catchment area for Nottingham Children's Renal & Urology Network (Please see network map on back) - **if in doubt please refer**
- >18 years (some discretion for patients currently under Paediatric follow up)
- Non renal indications for CRRT (i.e. Metabolic – ie hyperammonemia, drug intoxications).

Adult studies, and increasingly paediatric studies, suggest that survivors of AKI are at risk of developing chronic kidney disease (CKD). As a result of this, we would aim to follow-up all patients who have undergone CRRT for AKI whilst on PCCU, long-term.

The pathway shows the detail of follow-up, but in essence all patients will be followed-up annually at least until 5 years post-discharge as an outpatient by their local paediatrician, with BP check and urine protein:creatinine ratio (PCR). After 5 years they may then be referred back to their GP for lifelong follow up.

eGFRs will be undertaken at 1 year and 5 years, and if all is normal at this point, the patients follow up can be transferred to their GP. Any ongoing concerns (hypertension, abnormal eGFR, or evidence of proteinuria) and the child will continue to be followed-up by their paediatrician/ nephrologist long-term.

In order to organise this, we need to be informed of all patients who have received CRRT for AKI once they are discharged from PCCU. We will try and co-ordinate for patients to be seen at a clinic local to them a year following discharge.

If you have a patient who meets the criteria overleaf, please refer them to us by emailing the patient's:

* Name - DOB - NHS / Hospital number *
* Reason for CRRT - Date of initiation *
* Diagnosis *

To
nuhnt.paediatricakifollowup@nhs.net