Acute Kidney Injury (AKI) requiring Continuous Renal Replacement Therapy (CRRT): Protocol for follow up post discharge from PCCU

During admission or on discharge from PCCU - Information leaflet given to parents/patient explaining the need for long term renal follow up.

Prior to discharge, complete full assessment of: BP check, Urinalysis & protein:creatinine ratio (PCR) (if dipstick positive), U&E's & creatinine, Measure eGFR

If results are Normal, refer for AKI F/U

If results are Abnormal

1 year appointment
Check height & weight
Blood pressure check
Urinalysis & protein:creatinine ratio (PCR) (if dipstick positive)
U&E's & creatinine
Measure eGFR

Abnormal

Normal

Annual review
Height & weight
Blood pressure check
Urinalysis & PCR (if dipstick positive)

Abnormal

Normal

5 year check
Check height & weight
Blood pressure check
Urinalysis & PCR (if dipstick positive)
U&E's & creatinine
Measure eGFR

Abnormal

Normal

eGFR > 90
BP within normal limits
Urine negative
Patient to be referred back to GP for lifelong annual follow up

Discuss with Paediatric Nephrology Consultants in Nottingham via switchboard QMC:
0115 9249924

nuhnt.paediatricakifollowup@nhs.net

Follow-up may be organized more frequently, or may be arranged for nephrology clinics depending on results

Send copies of all clinic letters (to include the above clinical information) to:
Karla Wooley, Childrens Renal & Urology Unit, QMC Campus, Derby Road, Nottingham, NG7 2UH.
Mark letters FAO: AKI follow-up

For more information visit www.emeesykidney.nhs.uk

Updated Nov 2025 – Nicole Justice Paediatric Renal Critical Care Nurse