

Referral from Ward to Kidney Unit Checklist

The following data are required for referral to your local renal service
Please use this checklist to ensure you have all this essential information
This checklist is also available on the London AKI iPhone App

Patient Name:

No: DOB:

	YES	NO	N/A
Urea and Electrolytes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calcium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phosphate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arterial Blood Gases and Lactate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urine Dipstick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USS Result (if performed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseline Renal Function (if known)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Past Medical History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen Saturations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avpu or GCS Assessment of Conscious Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Urine Volume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mrsa Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether Diarrhoea Last 48 Hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signed:

Date:

Position:

Fix patient sticker here