

# Transfer From Ward to Kidney Unit

(interhospital transfer)

The following is a guideline for whether patients are safe to transfer from a ward to a kidney unit in another hospital.  
All AKI patients for transfer should be assessed by a senior (ST4+) doctor.

## Hyperkalaemia

No ECG changes.  
K < 6.0mmol/L.

If K lowered to <6.0 after presentation this must be potentially sustained (e.g bicarbonate therapy or dialysis/CVVH) not transient therapy (insulin and dextrose).

## Renal Acidosis

pH >7.2.  
Venous bicarbonate >12mmol/L.  
Lactate < 4mmol/L.

## Respiratory

Respiratory rate >11 and < 26/min.  
Oxygen saturations >94% on not more than 35% oxygen.  
If patient required acute CPAP must have been independent of this treatment for 24 hrs.

## Circulatory

Heart rate > 50/min and < 120/min.  
Blood pressure > 100mmHg systolic.  
MAP > 65MMHg.  
Lactate < 4mmol/L.  
(lower BP values may be accepted if it has been firmly established these are pre-morbid).

## Neurological

Alert on AVPU score or GCS >12.

**If Criteria not Met Emergency Referral to Local Critical Care**  
*Once stabilised follow ITU to acute kidney unit transfer policy.*