Appendix A: Referral Discussion and Documentation

Patie	ents Na	ame											
Date of Birth							СНІ						
Diarrhoeal Prodrome? Yes/No No. Days							Bloody? Yes/No No. Days						
Red Cell Fragmentation? Yes/No													
Weight at presentation:							Weight Today:						
Urine Output:							UO ml/kg/hr						
Normal Reduced Absent							Fluid In Out Balance						
Hydration Status													
Norr	Normal Hypovalaemic Overloaded												
Blood results							Date and time obtained:						
Na	К	Cl	Bic	Urea	Creat	Glu	Cal	Phos	Alb	Hb	wcc	Plts	LDH
Bloo	d Pres	sure		1		1				1			
Conscious Level													
Referring Doctor													
Consultant On Call													
Contact Telephone Number													
Referring Hospital													
Recommendations :													

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