

Appendix A: Referral Discussion and Documentation

Patients Name														
Date of Birth							CHI							
Diarrhoeal Prodrome? Yes/No No. Days							Bloody? Yes/No No. Days							
Red Cell Fragmentation? Yes/No														
Weight at presentation:							Weight Today:							
Urine Output: Normal Reduced Absent							UO ml/kg/hr Fluid In Out Balance							
Hydration Status Normal Hypoalaemic Overloaded														
Blood results							Date and time obtained:							
Na	K	Cl	Bic	Urea	Creat	Glu	Cal	Phos	Alb	Hb	WCC	Plts	LDH	
Blood Pressure														
Conscious Level														
Referring Doctor														
Consultant On Call														
Contact Telephone Number														
Referring Hospital														
Recommendations :														