

YORKSHIRE AND HUMBER KIDNEY NETWORK
RENAL AKI TRANSFER GUIDELINE

IN COLLABORATION WITH CRITICAL CARE NETWORKS FOR:

NORTH YORKSHIRE AND HUMBERSIDE
SOUTH YORKSHIRE AND BASSETLAW
WEST YORKSHIRE

Purpose of Document	To provide a clear guideline for patients requiring transfer to a Renal Unit across the region for specialist management of Acute Kidney Injury.		
Required Action	All relevant staff should ensure that they are fully aware of, and operate in line with, the up-to-date guideline.		
Circulation	<p>Harrogate, Hull, Northern Lincolnshire and Goole, York and Scarborough Hospitals Barnsley, Chesterfield, Doncaster and Bassetlaw, Rotherham and Sheffield Hospitals Airedale, Bradford, Calderdale and Huddersfield, Leeds and Mid Yorkshire Hospitals</p> <p>Yorkshire and Humber Kidney Network Board members</p> <p>North Yorkshire and Humberside Adult CCN South Yorkshire and Bassetlaw Critical Care ODN West Yorkshire Critical Care ODN</p>		
Author	Andrew Lewington/ Steven Lobaz/ Rachael Czajka		
Date agreed by Renal Units and CCNs	22/04/2026	Version Number	4.1
Policy Review Date	23/04/2029 or sooner if national policy requires		

Introduction

This aim of this guideline is to provide clear advice on the safe transfer of patients to the renal unit. Not all hospitals in the Yorkshire and Humber Kidney Network have in-patient renal in-reach or dialysis services. Patients who develop acute kidney injury (AKI) are frequently referred for ongoing management on a renal unit.

This guideline has been adapted using existing guidelines and pathways from across the region to create a standardised document. It has been developed following discussion between the Yorkshire and Humber Kidney Network board members (including representation from Bradford, Doncaster, Hull, Leeds and Sheffield Renal Units), and North Yorkshire and Humber, South Yorkshire and Bassetlaw, and West Yorkshire Critical Care Networks.

Limits of Treatment

It is important to note that the only organ support that renal units can manage is renal dysfunction. Any patient who has, or is at risk of, other organ system failures should be considered for level 2 or 3 care. If transfer to a unit with renal services on site is still felt to be desirable then, following discussion with the duty Renal Consultant and duty Intensivist in the receiving unit, provision may be made to accept the patient into level 2 or level 3 care pending improvement in their physiological status.

Communication

All patients should be discussed with the Renal Consultant/Registrar, the bed manager and the ward nursing staff. If medically fit for transfer, the referring ward needs to arrange transport and ensure that the current notes including clerking, drug chart and fluid balance chart are sent with the patient (printed version if electronic patient record is in use). The nursing staff at the referring hospital must also liaise with the renal nursing staff to confirm the patient has been accepted for transfer.

Transfer Timeline

The transfer target is less than 24 hours with ICU step down patients. Each Renal Unit will determine the cut off times for arrival for ICU non-ICU transfers (see appendix 1). If the patient will not arrive before the stated times this needs to be discussed with the accepting Renal Consultant regarding the appropriateness of out of hours transfer.

Responsibility

It is the responsibility of the referring team to ensure that the patient remains stable right up to the point of transfer. If there is a change in the patient's clinical condition, the referring team should re-review the patient and contact the accepting Renal Consultant/Registrar to discuss and inform the respective nursing teams of any changes to the plan.

Criteria for transfer of patients to Renal Unit

Transfer can only be considered following agreement between Consultants on call at each site.

The nursing staff at the referring hospital **must also liaise with** the renal nursing staff to confirm the patient has been accepted for transfer

Transfer target less than 24 hours for ICU step down patients and arriving before the times stated in Appendix A for the individual Renal Units

Late transfers can only be considered if renal specific treatment is required out of hours

It is the responsibility of the referring team to ensure that the patient remains stable right up to the point of transfer, with clinical review. Patients must be fit for level 1 care

Circulatory Status

HR *greater than 50 and less than 120 bpm*

BP *greater than 100 mmHg systolic*

MAP *greater than 65 mmHg*

Lower BP values may be accepted if it has been firmly established that these are pre-morbid

Lactate *less than 3mmol/L*

Respiratory Status

Respiratory rate *greater than 11/min and less than 25/min*

Oxygen saturation *greater than 94%* (unless target saturation 88-92%) on low flow oxygen

If patient has required acute CPAP, to have been independent of this for 24 hours

Neurological Status

Alert on ACVPU score or Glasgow Coma Scale *greater than 12*

National Early Warning Score (NEWS2)

NEWS2 *less than 5* and no individual parameter scoring *greater than 3*

Potassium Status*

Potassium *less than 6.0mmol/L* and no hyperkalaemic ECG changes

If hyperkalaemia has been treated it must be determined how and when (in case of rebound)

**Special consideration will need to be taken when organising transfer of chronic haemodialysis patients*

Acid-base Status*

pH *greater than 7.2*

Venous bicarbonate *greater than 12mmol/L*

**Special consideration will need to be taken when organising transfer of chronic haemodialysis patients*

If criteria not met, initiate emergency referral to local critical care outreach / ICU team

Consultant responsible for transfer Time Date

Renal Consultant accepting transfer Time Date

Confirm greater than 24 hours since:	Yes	No	N/A	Comments
Extubation / tracheostomy decannulated				
CPAP or FiO2 greater than 50%				
Vasoactive drugs by bolus or infusion				

Confirm Greater than 12 hours since:	Yes	No	N/A	Comments
Vasoactive drugs by bolus or infusion				

Transfer Criteria – all must be met for transfer within 1 hour of transfer	Yes	No	N/A	Comments
HR <i>greater than</i> 50 bpm and <i>less than</i> 120 bpm				
BP <i>greater than</i> 100mmHg systolic MAP <i>greater than</i> 65mmHg				
Respiratory rate <i>greater than</i> 11 /min and <i>less than</i> 25/min				
Oxygen saturation <i>greater than</i> 94% (unless target 88-92%)				
ACVPU – alert or Glasgow Coma Score <i>greater than</i> 12				
NEWS2 <i>less than</i> 5 and no individual parameter scoring <i>greater than</i> 3				

Venous Blood Gas within the last 1 hour of transfer

Potassium <i>less than</i> 6 mmol/L				
ECG with no hyperkalaemic ECG changes				
pH <i>greater than</i> 7.2				
Bicarbonate <i>greater than</i> 12 mmol/L				

If above parameters are not met, patient *is not safe* to transfer to the Renal Unit

Discuss with local critical care team

Consider referral to a level 2 or 3 unit

Appendix A

Unit & AKI Lead	Transfer Times	Renal Unit Contact	Medical Lead Critical Care Networks
<p>Bradford</p> <p>Dr Rachael Czajka</p>	<p>Patient to leave Airedale by 7pm</p> <p>Any deviation from this is at the discretion of the Renal Consultant on call.</p>	<p>Ward 15</p> <p>01274 383237 / 01274 383215</p> <p>Renal SpR (8am - 4pm)</p> <p>call BRI switchboard on 01274 542200 and ask to be put through to #6581</p> <p>Renal Consultant</p> <p>call BRI switchboard and ask to be put through to the Renal Consultant on call</p>	<p>Medical Lead for the West Yorkshire Critical Care Network</p> <p>Dr Paul Stonelake</p>
<p>Doncaster</p> <p>Dr Ian Stott</p> <p>Dr Kaki</p>	<p>No formal policy on transfer times for AKI patients.</p> <p>The only transfers are from Bassetlaw Hospital, which is within the Trust.</p>	<p>Doncaster Royal Infirmary Armthorpe Road Doncaster South Yorkshire DN2 5LT</p> <p>Ward 32 (Renal Inpatient Ward)</p> <p>01302 642732</p> <p>Renal SpR (in hours) - bleep 1163;</p> <p>Renal Consultant on Call (24 hours) - via switch</p>	<p>Medical Lead for the South Yorkshire & Bassetlaw</p> <p>Dr Nick Barron</p>
<p>Hull</p> <p>Dr Mohammad Imran</p>	<p>Aim to accept as soon as possible</p> <p>Transfers preferred before 5 pm.</p> <p>After 5 pm cover is only non- resident Renal Consultant.</p>	<p>Hull Royal Infirmary via renal on-call Consultant Hull Royal Infirmary switchboard: 01482875875</p>	<p>Medical Lead for the North Yorkshire Critical Care Network</p> <p>Dr Tom Cowlam</p>

	We can consider transfer after 5 pm on case by case basis		
Leeds Dr Andrew Lewington	Transfer as soon as possible and within 24hrs. ICU step down patients arrive before 5pm Non-ICU transfers arriving before 7pm Late transfers can only be considered if renal specific treatment is required out of hours.		Medical Lead for the West Yorkshire Critical Care Network Dr Paul Stonelake
Sheffield Dr Roslyn Simms AKI lead nurse - Kate Berresford	Transfer as soon as possible and within 24hrs. However there can be delays especially if cubicle needed. ICU step down patients arrive before 5pm Non-ICU transfers arriving before 7pm Late transfers considered if renal specific treatment is required out of hours.	Renal Assessment Unit, Northern General Hospital, Herries Road, Sheffield, S5 7AT Patients will be transferred either to Renal Unit E 0114 271 5331 or 0114 226 9415 or Renal Unit F 01142266391 or 0114 271 5886 or 0114 226 6393 Renal StR on-call bleep 2775 from 8.30am-8.30pm; overnight contact Renal StR on call via switchboard on 0114 2434 343	Medical Lead for the South Yorkshire & Bassetlaw Dr Nick Barron
York	Transfers are accepted as soon as	Ward 33 - 01904726033 Renal Consultant direct dial 01904721550	Medical Lead for the North Yorkshire

<p>Dr San Balasubramanian</p>	<p>possible. However, delays may occur particularly if a side room is required.</p> <p>Out of hours cover is provided by a non-resident on-call Consultant.</p> <p>Despite this, we continue to accept and facilitate transfers out of hours provided Safe Patient Transfer Criteria is met.</p>	<p>24/7, Monday-Sunday</p> <p>Renal StR via switch 8am-4pm Monday to Friday</p>	<p>Critical Care Network Dr Tom Cowlam</p>
-------------------------------	--	---	--