

## Appendix 1: Paediatric Hepatitis Referral Form 2022

|   |      |         |                   |
|---|------|---------|-------------------|
| <b>Name</b>   |      |         |                   |
| <b>CHI</b>  |      |         |                   |
| <b>Referral hospital</b>  |      |         |                   |
| <b>Postcode</b>   |      |         |                   |
| <b>Presenting History (including jaundice, stool colour and consistency, pyrexia)</b> |      |         |                   |
| <b>Past Medical History</b>   |      |         |                   |
| <b>Family History (including unwell household contacts)</b>                           |      |         |                   |
| <b>Drug History (including paracetamol)</b>   |      |         |                   |
| <b>Clinical examination</b>   |      |         |                   |
| <b>Initial investigations</b>   |      |         |                   |
| WCC   | PT   | BR      | Na                |
| Neut  | APTT | Conj BR | K                 |
| Lymph   | Fib  | ALT     | Chl               |
| Hb  | INR  | AST     | Urea              |
| Plts  | CRP  | ALP     | Creat             |
|   |      | GGT     | Paracetamol level |
| <b>USS (if available)</b>   |      |         |                   |
| <b>SARS-CoV-2 PCR/POC</b>   |      |         |                   |
| <b>Any other virology to date</b>   |      |         |                   |

**Outcome of initial discussion**

|  |   |
|--|---|
| <b>Consultants present at discussion</b>                           |   |
| <b>Requires transfer to tertiary centre</b>                        | Y /N  |
| <b><i>For case status, please underline the agreed outcome</i></b> |   |
| <b>Possible case (pending virology results)</b>                    | Referral hospital to inform public health                 |
| <b>Not a case</b>  | Please record why, including any alternative likely cause |