

# Renal Pelvis Dilatation

Name:  
 Hospital Number:  
 DOB:  
 Telephone Number:  
 Consultant:

Gestation at Birth:  
 Birth Weight:  
 Gestation when RPD first detected:  
 Size:  
 Maximum RPD measurement:  
 Gestation:

## Examination:

Palpable Kidneys/Bladder? Yes No

Date:  
 Name:  
 Sign:  
 Post:

## Start Trimethoprim at 2mg/kg OD

Done: Yes No  
 Dose:

Date:  
 Name:  
 Sign:  
 Post:

## Unilateral RPD: 10 - 20mm Yes No

Arrange US at 7-14 days   
 Arrange outpatient clinic in 4-6 weeks.  Clinic Date:

Date:  
 Name:  
 Sign:  
 Post:

## Unilateral RPD: > 20mm Yes No

Arrange US at 7-14 days   
 Neonatal consultant review: \_\_\_\_\_  
 Arrange outpatient appointment:  Clinic Date:

Date:  
 Name:  
 Sign:  
 Post:

## Bilateral RPD (> 10mm both sides): Boys **(URGENT)** Yes No

Check U+Es in first 24hrs of life:  Results:  
 Arrange US on first day of life:   
 If confirmed, request urgent MCUG   
 If Posterior Urethral Valves (PUV) confirmed, call Paediatric Urology Registrar at St Georges and document:  
 \_\_\_\_\_  
 If PUV excluded, arrange follow up  Clinic Date:

Date:  
 Name:  
 Sign:  
 Post:

## Bilateral RPD (> 10mm both sides): Girls Yes No

Arrange US at 7-14 days   
 Arrange MCUG 4 – 6 weeks if confirmed   
 Review MCUG with radiologists and document further plan: \_\_\_\_\_  
 Arrange outpatient appointment:  Clinic Date:

Date:  
 Name:  
 Sign:  
 Post: