

## Patient advice sheet

# Acute Glomerulonephritis in Children and Young people (<16 years)

### INTRODUCTION

Nephritis is a condition that affects the kidneys. It requires special attention. Most children with nephritis make a full recovery within a few weeks. This leaflet has been prepared to help children and their families understand what happens to a child who has nephritis.

### WHAT IS NEPHRITIS?

Nephritis is a name given to inflammation of the kidneys. It is usually a reaction to a recent simple infection, such as a sore throat. Kidneys with nephritis do not work as well as they should. When kidneys are severely affected, we call this acute kidney injury or 'acute renal failure'. Almost always the kidneys recover completely.

### WHAT DO THE KIDNEYS DO?

The kidneys are responsible for processing water and the body's waste products. Urine is produced by the kidneys and consists of water and waste products. The kidneys also help in controlling blood pressure and the prevention of anaemia.

### WHAT ARE THE SIGNS OF NEPHRITIS?

If the kidneys don't make enough urine, then the body has more fluid than it needs. This can cause the body to get puffy or swollen (we call this oedema). The swelling usually appears around the eyes first. It can also appear around the ankles. Inflammation in the kidney can cause blood to appear in the urine; this makes the urine red or brownish in colour. The amount of urine passed is often reduced. Your child's blood pressure may be high. Your child may feel generally unwell because of these things. They may lack energy and be off their food. Occasionally children with nephritis complain of headaches and stomach pains.

### WHAT TESTS WILL MY CHILD NEED?

When your child first develops nephritis, they will need some blood and urine tests. These are done to see how well the kidneys are working and to look for the cause of the kidney inflammation. Over the first few days they will need further blood tests to monitor their progress.

We will need to monitor how much urine is passed during the day, and how much your child drinks. Usually the tests and monitoring are carried out in hospital. Only if your child has unusual features for their nephritis will we need to ask the kidney specialists to see them.

### WHAT IS THE TREATMENT?

If the kidney inflammation has occurred after an infection, then a course of antibiotics will be given. The amount of fluid your child drinks may need to be restricted. If your child has high blood pressure this may need treatment with medicines. A healthy eating diet is

recommended which all the family can follow. It is important that your child does not add salt to their food at the table and also avoids salty snacks such as crisps and soup. You may be advised to reduce your child's intake of a mineral called potassium. There is a lot of potassium in bananas and fruit juice. Some children require changes in their diet to increase their calorie (energy) intake while they are unwell. A dietician will visit you to offer advice.

### **WILL MY CHILD GET BETTER?**

Most children with nephritis make a full recovery within a few weeks, although it is not uncommon to find some blood in the urine for several months afterwards. After discharge from hospital your child will often be encouraged to return to school quickly. Progress will be monitored in the clinic until we are sure the kidney inflammation has healed completely. When your child is well, they can return to enjoying all their usual activities. Occasionally the nephritis does not go away but becomes a chronic condition. In this situation your child may also need a kidney biopsy to diagnose the type of nephritis before we consider further treatment.

### **WILL THE NEPHRITIS COME BACK?**

Sometimes another sore throat or infection can cause the reappearance of blood in the urine but, unless there are other signs of nephritis such as swelling, your child will not need to be readmitted.

### **How can I help reduce healthcare associated infections?**

Infection prevention and control is important to the well-being of our patients and for that reason we have infection prevention and control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming in to and after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser as hand sanitisers are not suitable for use when dealing with patients who have symptoms of diarrhoea.

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### **Patient Advice Sheet**

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### **Legal Notice**

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Approvals:  
Paediatric Information and Guidelines Group – 5<sup>th</sup> May 2022  
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