

Adult Acute Kidney Injury Care Bundle

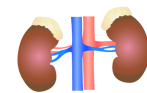


Norfolk and Norwich
University Hospitals
NHS Foundation Trust

Hospitalised patients with AKI have an increased mortality risk
Early intervention can improve outcomes

Name.....	Likely cause: Pre-renal <input type="checkbox"/>	Creatinine Current:	Assessor:
DOB...../...../..... Male / Female	Renal <input type="checkbox"/>	Baseline:	Date:
Hospital number.....			Time:

Review →	Respond →	Refer
Patient assessment <input type="checkbox"/> ABCDE <input type="checkbox"/> Check for signs of sepsis <input type="checkbox"/> Abdominal palpation for a full bladder	<input type="checkbox"/> Call for help to resuscitate if patient critical <input type="checkbox"/> Start sepsis care bundle concurrently if signs of sepsis	Renal: <input type="checkbox"/> Stage 3 AKI with unclear cause or suboptimal response to initial treatment <input type="checkbox"/> AKI with need for dialysis: - Refractory hyperkalaemia - Acute pulmonary oedema - Refractory metabolic acidosis - Uraemic encephalopathy or pericarditis - Toxins e.g. methanol, ethylene glycol, lithium, ASA <u>See Trust Doc Id: 1345, for further guidance on acute dialysis</u> <input type="checkbox"/> eGFR <30ml/min prior to AKI <input type="checkbox"/> Renal transplant– if AKI, infection or nil by mouth <input type="checkbox"/> Suspected intrinsic renal disease (haemoproteinuria present e.g. vasculitis) Critical care: <input type="checkbox"/> Haemodynamic instability not responsive to initial treatment <input type="checkbox"/> Multi-organ failure Obstetrics: Seek obstetrician advice in pregnant patients Urology: <input type="checkbox"/> Urosepsis with obstruction <input type="checkbox"/> Obstruction not relieved by catheterisation
Venous gas and laboratory bloods <input type="checkbox"/> pH, K ⁺ , bicarb, glucose, lactate and send lab bloods (bicarb+chloride, FBC, CRP, bone profile, LFTs and U+E's)	<input type="checkbox"/> Correct high K ⁺ - see hyperkalaemic guidelines on trust intranet <input type="checkbox"/> Daily U+E's	
<input type="checkbox"/> Fluid assessment including fluid balance chart <input type="checkbox"/> Assessment– hypovolaemic/euvolaemic/hypervolaemic?	<input type="checkbox"/> Fluid resuscitation as appropriate (based on fluid assessment and clinical judgement)	
<input type="checkbox"/> Urine dip for blood and protein – perform and document	<input type="checkbox"/> Urine PCR if dip protein ≥ +1 <input type="checkbox"/> Consider MSU if urinary tract infection suspected <input type="checkbox"/> Consider acute renal screen if blood and protein on urine dip (and agreed with renal team): Anti nuclear antibodies, ANCA, Complement, Myeloma screen, SFLC, Immunoglobulins and anti-GBM.	
<input type="checkbox"/> Bladder scan (post void if possible)- perform and document	<input type="checkbox"/> Avoid urinary catheter unless critically unwell or retention <input type="checkbox"/> If catheterised measure residual volume <input type="checkbox"/> Ongoing strict input/output monitoring	
Renal tract ultrasound <input type="checkbox"/> Immediately if urosepsis with suspected obstruction (CT KUB needed to exclude stone disease) <input type="checkbox"/> Within 24 hours if no improvement in renal function or cause for AKI not identified.	<input type="checkbox"/> Contact urology if obstruction	
Review medication <input type="checkbox"/> Stop potentially harmful drugs <input type="checkbox"/> Check for dose adjustments in AKI (liase with pharmacy as required)	<input type="checkbox"/> Withold potential nephrotoxins and diuretics- NSAID, ACEi, ARB. <input type="checkbox"/> Withold Metformin if lactate high or eGFR <30 <input type="checkbox"/> Review doses/drugs for anticoagulation, opioids, anti-diabetic drugs, antibiotics, contrast, antihypertensive drugs, digoxin, statins. Review medication daily if changes in renal function	



In discharge summary:
Complete AKI section. Give clear follow up plan to GP in discharge letter including need for blood and urine tests and review of medications held due to AKI.

IF PATIENT NOT RESPONDING SEEK SENIOR REVIEW

