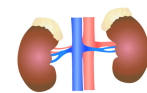


# Adult Acute Kidney Injury Care Bundle

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

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

Review →	Respond →	Refer
<b>Patient assessment</b> <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	<b>Renal:</b> <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)  <b>Critical care:</b> <input type="checkbox"/> Haemodynamic instability not responsive to initial treatment <input type="checkbox"/> Multi-organ failure  <b>Obstetrics:</b> Seek obstetrician advice in pregnant patients  <b>Urology:</b> <input type="checkbox"/> Urosepsis with obstruction <input type="checkbox"/> Obstruction not relieved by catheterisation
<b>Venous gas and laboratory bloods</b> <input type="checkbox"/> pH, K <sup>+</sup> , bicarb, glucose, lactate and send lab bloods (bicarb+chloride, FBC, CRP, bone profile, LFTs and U+E's)	<input type="checkbox"/> Correct high K <sup>+</sup> - see hyperkalaemic guidelines on trust intranet <input type="checkbox"/> Daily U+E's	
<input type="checkbox"/> <b>Fluid assessment including fluid balance chart</b> <input type="checkbox"/> Assessment– hypovolaemic/euvolaemic/hypervolaemic?	<input type="checkbox"/> Fluid resuscitation as appropriate (based on fluid assessment and clinical judgement)	
<input type="checkbox"/> <b>Urine dip for blood and protein – perform and document</b>	<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"/> <b>Bladder scan (post void if possible)- perform and document</b>	<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	
<b>Renal tract ultrasound</b> <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	
<b>Review medication</b> <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. <b>Review medication daily if changes in renal function</b>	



**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**

