RLBUHT: Acute Kidney Injury (AKI) – Care Bundle

Patient Details:

Date:
Ward:
Baseline Cr/ date (AKI alert):
Latest Creatinine (Cr):
Urine dip test:

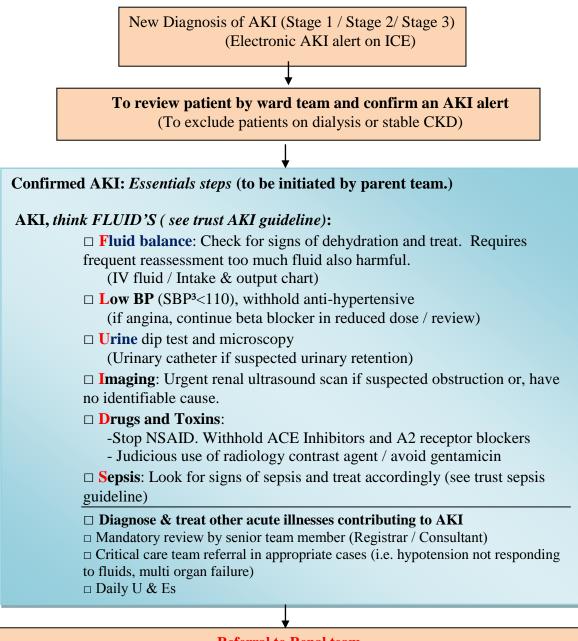
AKI Bundle - Checklist: FLUIDS- TRIaD

This patient has been identified as having AKI Please ensure the following steps have been taken:

	Nurse:	Doctor:	
	Date/time:	Date/time:	
Fluid	-Fluid input/output chart	- Check for signs of	
balance	-Encourage oral intake	dehydration	
	-Inform doctor urgent if IV hydration indicated	- Prescribe IV fluid if indicated	
Low Blood	- withhold antihypertensive	- withhold anti-hypertensive if	
pressure	and Inform doctor for	if SBP<110, and monitor	
(SBP<110)	Urgent review		
		- Bolus 250 ml N/Saline if	
	-Hourly MEWS	hypovolemic unless evidence of	
		symptomatic heart failure	
Urine	-Urine dip test and	- Catheterise if: palpable bladder/	
(Catheterise)	document in case notes	 urinary retention or, oliguric AKI	
	- Inform doctor if oliguric	2/3	
Imaging		Request urgent renal US scan if	
(exclude		suspected obstruction/ no clear	
obstruction)		cause of AKI	
Drugs	inform doctor if on	- Review Medication	
	nephrotoxins**	-Stop /withhold nephrotoxins**	
S epsis	-MEWS score	-Assess for signs of sepsis	
	-Inform doctor if any sign of	Urgent Rx of any infection	
	infection	 (To speak to Microbiology team	
		if indicated)	

Treat		Cause of AKI : Treat accordingly	
		Obstructive Uropathy: yes/ no	
Referral :		Refer to Nephrology on call if indicated (see guideline)+	
Investigation	-Daily U & Es -Urine ACR	-Renal screen* if clinically indicated (active urinary sediment/clinical suspicion) -Daily U & Es -relevant investigations	
and Discharge:	Patient information leaflet provided	GP advice on AKI included in Discharge summary	

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Referral to Renal team

AKI Stage 1 / Stage 2: If progression / no renal recovery or, suspected glomerular cause / vasculitis **AKI Stage 3**: Urgent renal referral if appropriate (To discuss with on call renal registrar and ICE referral)

+Refer urgently if any complications of AKI or, need for RRT (Hyperkalaemia, pulmonary oedema, severe metabolic acidosis, pH <7.2, Uraemic pericarditis / encephalopathy)

** Nephrotoxins: Stop NSAID. Withhold ACE Inhibitors and A2 receptor blockers. Review Nitrate doses. Judicious use of radiology contrast agent. Avoid gentamicin, Trimethoprim . (See RLUH pharmacy guideline on AKI)

*Renal Screen: ANCA, anti GBM antibody, serum electrophoresis, Urine BJP, Urine ACR