

## RLBUHT: Acute Kidney Injury (AKI) – Care Bundle

Patient Details:
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Date: Ward: Baseline Cr/ date (AKI alert): Latest Creatinine (Cr): Urine dip test:
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### AKI Bundle – Checklist: FLUIDS- TRIaD

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

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

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

## RLBUHT: Acute Kidney Injury (AKI) – Care Bundle

New Diagnosis of AKI (Stage 1 / Stage 2/ Stage 3)  
(Electronic AKI alert on ICE)

To review patient by ward team and confirm an AKI alert  
(To exclude patients on dialysis or stable CKD)

### Confirmed AKI: *Essentials steps (to be initiated by parent team.)*

#### AKI, think **FLUID'S** ( see trust AKI guideline):

- F**luid balance: Check for signs of dehydration and treat. Requires frequent reassessment too much fluid also harmful.  
(IV fluid / Intake & output chart)
  - L**ow BP (SBP<sup>3</sup><110), withhold anti-hypertensive  
(if angina, continue beta blocker in reduced dose / review)
  - U**rine dip test and microscopy  
(Urinary catheter if suspected urinary retention)
  - I**maging: Urgent renal ultrasound scan if suspected obstruction or, have no identifiable cause.
  - D**rugs and Toxins:
    - Stop NSAID. Withhold ACE Inhibitors and A2 receptor blockers
    - Judicious use of radiology contrast agent / avoid gentamicin
  - S**epsis: Look for signs of sepsis and treat accordingly (see trust sepsis guideline)
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- Diagnose & treat other acute illnesses contributing to AKI**
  - Mandatory review by senior team member (Registrar / Consultant)
  - Critical care team referral in appropriate cases (i.e. hypotension not responding to fluids, multi organ failure)
  - Daily U & Es

### 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