Affix Patient Label here

Name .....

NHS No

Hosp No

DOB ...../...../..... Male ☐ Female ☐

Worcestershire NHS
Acute Hospitals NHS Trust

Clinician(grade)	Sign
Date	Time

Acute Kidney Injury Care Bundle

AKI Stage 1 ☐ 2 ☐ 3 ☐ *See Overleaf

Review	Action
Repeat Bloods Daily: Initial bloods- *U&E, FBC, CRP, bicarbonate, bone profile, LFT *ABG/VBG if stage 3 or K> 6.0	*Correct K+ if **hyperkalaemia,** commence trust hyperkalaemia treatment pathway *Daily U&E until AKI resolves
Obstruction Ruled Out *Palpate abdomen for full bladder *Renal Ultrasound: (non- contrast CT if USS not available)	*Bladder scan if retention suspected *Catheterise if in retention ☐ *Within 6 hours if pyonephrosis suspected. *Within 24hours if no clear cause or obstruction suspected.
Urine Dipstick: (Document)	*Send MC&S if infection suspected *Send urine PCR if protein ≥ 2
NEWS *Observations – **NEWS2 score** *Signs of **sepsis**	*If signs of sepsis, commence sepsis pathway ☐ ***ABCDE** *Call for help to resuscitate if critical (NEWS2 score ≥ 5) ☐
Dehydration or fluid Overload Assess fluid status & correct: *regular fluid assessment	**Hypovolaemia** ☐ *If patients need IV fluid resuscitation, use crystalloids, 0.9% Sodium Chloride or Hartmanns, (please refer to trust policy) with a bolus of 500 ml over less than 15 minutes (NICE 174) **Caution in patients at risk of fluid overload.** contact medical SpR if no response **Euvolaemia** ☐ **Fluid Overload**☐ *Consider loop diuretics (NICE 148) and fluid restriction 1-1.5L/ 24 hours *Daily weights
Urine output Fluid balance	*Commence fluid balance chart **MEASURE ALL OUTPUT** consider catheter **IF** unable to assess output
Prescription review: (include over the counter/ herbal/ recreational drugs)	*Modify for renal doses as appropriate. *Pause nephro-sensitive medications *Consider accumulation (e.g. Opioids) *Avoid contrast scans if possible

Likely cause:

Pre Renal Intrinsic Post Renal

Refer

Tick & sign if referred

***if urgent need for dialysis contact Renal team or Critical Care Immediately & ensure ST3 or above review undertaken**

Renal: ☐

*If cause not clear

*If haematuria +/- proteinuria without infection or if vasculitis/ myeloma suspected (send immunology screen)

*If AKI worsens/ not responding to medical management

*If vasculitis, nephritis or myeloma suspected

*If patient has had a renal transplant

* if known CKD stage 4 or 5

Renal/ Critical Care: ☐

*Pulmonary oedema & Oliguria despite fluid resuscitation

*Metabolic acidosis (PH<7.2, Bicarbonate <15)

*Refractory hyperkalaemia (K ≥ 6.5)

Urology: ☐

*Pyonephrosis

*Obstruction

Signed .....

***Renal cover Mon- Fri 9am-5pm. Out of hours contact QEH renal**

Stage	Serum creatinine (SCr)	Urine output criteria
1	increase ≥ 26 µmol/L within 48hrs **or** increase ≥1.5 to 1.9 X reference SCr	<0.5 mL/kg/hr for > 6 consecutive hrs
2	increase ≥ 2 to 2.9 X reference SCr	<0.5 mL/kg/ hr for > 12 hrs
3	increase ≥3 X reference SCr **or** increase ≥354 µmol/L **or** commenced on renal replacement therapy (RRT) irrespective of stage	<0.3 mL/kg/ hr for > 24 hrs or anuria for 12 hrs

***Renal cover available 9am-5pm Mon- Fri** (out of hours contact QEHB renal SpR oncall)

Renal referrals – wah-tr.referral-renal@nhs.net

Renal SpR – Blp 418

Acute Kidney Injury CNS – Blp 312

References

NICE (2017) NICE guideline 174. Intravenous fluid therapy in adults in hospital. Available at: https://www.nice.org.uk/guidance/cg174

NICE (2023) NICE guideline 148. Acute kidney injury: prevention, detection and management. Available at: https://www.nice.org.uk/guidance/ng148

Think Kidneys (2016) Guidelines for Medicines optimisation in Patients with Acute Kidney Injury. Available at: Guidelines-for-Medicines-optimisation-in-patients-with-AKI-final.pdf (thinkkidneys.nhs.uk)