AKI care bundle sticker

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| **i INFUSER** | | **AKI STAGE \_\_\_\_ IDENTIFIED \_\_\_\_\_\_\_\_\_\_** | Please sign and date when completed |
| **i** | Identify causes | * Pre renal, Intrinsic, Post renal * Community or Hospital acquired (please circle) |  |
| **I** | Investigations | * Dipstick Urine – If protein or blood present in absence of infection inform renal team, refer to AKI guidelines on Quadramed for further investigations.   Ph\_\_\_GLU\_\_\_KET\_\_\_LEU\_\_\_NIT\_\_\_PRO\_\_\_ERY\_\_\_Hb\_\_\_ |  |
| * If no urine output following catheterisation then KUB ultrasound will be required within 24hrs to rule out obstruction. |  |
| * Daily Weights. |  |
| * If NEWS >5 or 3 in one parameter contact CCOT. |  |
| **N** | Nephrotoxic Drugs | * Discuss medication with team; consider withholding or discontinuing nephrotoxic medications. (NSAIDs/ACEi/Metformin/K-sparing diuretics/aminoglycosides/ opioids) |  |
| * Pharmacist review of medications required. |  |
| **F** | Fluids | * Ensure adequate IV fluids prescribed. |  |
| * Encourage oral fluids as patient condition dictates. |  |
| **U** | Urine output | * Consider catheter following bladder scan. |  |
| * Strict hourly fluid balance monitoring input and output. |  |
| **S** | Sepsis | * Follow sepsis care pathway if presumed infection and two or more SIRS criteria present. |  |
| **E** | Electrolytes | * Daily bloods are required whilst creatinine remains elevated. |  |
| * If K serum raised follow trust guidelines. |  |
| * On discharge from hospital patient will require check U&Es one week following discharge, please include this plus AKI stage on discharge letter to GP. |  |
| **R** | Refer | * If stage 3 AKI consider referral to Renal Physicians. |  |
|  | Acute Kidney Injury Patient Information Leaflet Given | |  |
| **ACUTE KIDNEY INJURY TEAM (AKIT) BLEEP: 2045**  **RENAL REGISTRAR ON CALL CONTACTABLE VIA SWITCH**  **LTHTR ACUTE KIDNEY INJURY CARE BUNDLE**   **S FRAY CCOT/AKIT** | | | |