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)
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| **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.
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| * Daily Weights.
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| * If NEWS >5 or 3 in one parameter contact CCOT.
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| **N** | Nephrotoxic Drugs | * Discuss medication with team; consider withholding or discontinuing nephrotoxic medications. (NSAIDs/ACEi/Metformin/K-sparing diuretics/aminoglycosides/ opioids)
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| * Pharmacist review of medications required.
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| **F** | Fluids | * Ensure adequate IV fluids prescribed.
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| * Encourage oral fluids as patient condition dictates.
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| **U** | Urine output | * Consider catheter following bladder scan.
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| * Strict hourly fluid balance monitoring input and output.
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| **S** | Sepsis | * Follow sepsis care pathway if presumed infection and two or more SIRS criteria present.
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| **E** | Electrolytes  | * Daily bloods are required whilst creatinine remains elevated.
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| * If K serum raised follow trust guidelines.
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| * 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.
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| **R** | Refer  | * If stage 3 AKI consider referral to Renal Physicians.
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|  |  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**  |