



AKI 8 Care Bundle for suspected/confirmed Acute Kidney Injury



Care bundle commenced: Date: _____ Time: _____

Please complete the care bundle and affix/file within the patient's clinical notes

Initial action when completed

1. Assess for volume status/sepsis, consider iv fluids/ antibiotics	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
2. Review medication and consider stopping nephrotoxic medications (eg 'prils, 'sartans, NSAIDs, diuretics)	Yes <input type="checkbox"/>	
3. Perform and review urine dip for Blood/Protein/Leucocytes/Nitrites. <i>Absent in most pre-renal AKI, present in infection (BPLN – request urine culture), nephritis (BP – send for urine PCR) and some cases of obstruction (B)</i>	Yes <input type="checkbox"/>	
4. Manage hyperkalaemia	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
5. Check acid-base balance (venous bicarbonate +/- ABGs)	Yes <input type="checkbox"/>	
6. Consider additional tests eg serum calcium/CK/CRP/ autoimmune and myeloma screen, and renal USS (avoid radiocontrast if possible)	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
7. Monitor fluid balance/ specify frequency of NEWS assessments and repeat blood tests	Yes <input type="checkbox"/>	
8. Contact renal registrar (#6581) or consultant if AKI Stage 3 +/- hyperkalaemia, fluid overload and metabolic acidosis; plan repeat tests/ review escalation of care/ inform patient or family.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>

Signatures Register - Initial and add name when completing each bundle element

Name	Initial	Name	Initial

In the patient **DISCHARGE SUMMARY**, to comply with **AKI CQUIN** please state:

- HIGHEST stage of AKI during the admission
- Medication changes made – state YES or NO; if YES, explain ALL changes, stating whether DUE TO AKI and whether or not medication is to be RESTARTED and WHEN
- 3/4. Blood tests required post-discharge – state both TYPE and FREQUENCY



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