



AKI Management Plan

Patient Addressograph Sticker

AKI Stage: 1 2 3 (circle one)
Dr's Name completing plan:

Sepsis – is there evidence of Sepsis?	No		Yes		
	Have you undertaken a sepsis screen?		Yes		
Toxins – is the patient on or recently received any Nephrotoxins (including contrast)?	No		Yes		
	Have you considered stopping the Nephrotoxic medications		Yes		N/A
Optimise blood pressure – is the patient hypotensive?	No		Yes		
	Have you reviewed volume status		Yes		
	Have you considered IV fluids		Yes		
	Have you considered with holding anti-hypertensives / diuretics		Yes		N/A
	Have you considered the need for vasopressors		Yes		
Prevent Harm – have you documented the potential causes of AKI in the notes	No		Yes		
	Have you requested Urinalysis		Yes		N/A
	Have you considered the complications of AKI		Yes		
	Have you considered renal dose adjustment medications		Yes		
	Referred to Critical Care Outreach (stage 3 only)		Yes		N/A