

PATIENT INITIALS

 CENTRE CODE

TACKLING AKI: AUDIT CASE REPORT FORM

AUDIT PERIOD (number from 1-7):
HIGHEST AKI STAGE: 1
 2
 3

Date of highest AKI stage:

 ___ / ___ / ___
DD / MM / YYYY

Demographic Data				
NHS Number:				
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth:				
	___ / ___ / ___			
<small>(DD / MM / YYYY)</small>				
Ethnicity:				
White:	White British <input type="checkbox"/>	White Irish <input type="checkbox"/>	White Other <input type="checkbox"/>	
Mixed race:	White & Black Caribbean <input type="checkbox"/>	White & Black African <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Other mixed background <input type="checkbox"/>
Asian or Asian British:	Indian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Other Asian background <input type="checkbox"/>
Black or Black British:	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	Black Other <input type="checkbox"/>	
Chinese or other ethnicity:	Chinese <input type="checkbox"/>	Other <input type="checkbox"/>		
Gender:				
	<input type="checkbox"/> Male <input type="checkbox"/> Female			

Admission Data				
Date of hospital admission:				
	___ / ___ / ___			
<small>(DD / MM / YYYY)</small>				
Route of hospital admission				
Type:	Elective <input type="checkbox"/>	Non-elective <input type="checkbox"/>		
Source:	Via ED <input type="checkbox"/>	Direct to admissions unit <input type="checkbox"/>	Direct to ward <input type="checkbox"/>	Transfer from other hospital <input type="checkbox"/>
Ward descriptor at time of AKI onset				
ED <input type="checkbox"/>	Medical admissions unit <input type="checkbox"/>	Surgical admissions unit <input type="checkbox"/>		Nephrology ward <input type="checkbox"/>
Medical ward <input type="checkbox"/>	Surgical ward <input type="checkbox"/>	HDU <input type="checkbox"/>	ICU <input type="checkbox"/>	Other <input type="checkbox"/>

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 CENTRE CODE

AKI data			
Initial AKI stage: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			
Date of initial AKI stage: ___ / ___ / _____ (DD / MM / YYYY)			
Duration of AKI	1-2 days <input type="checkbox"/>	2-4 days <input type="checkbox"/>	>4 days <input type="checkbox"/> Not possible to determine <input type="checkbox"/>

Was AKI recognised during hospital admission?			
No <input type="checkbox"/>			
Yes:	Within 6hrs of AKI onset <input type="checkbox"/>	Within 6-12hrs of AKI onset <input type="checkbox"/>	Within 12-24hrs of AKI onset <input type="checkbox"/>
	Within 24-48hrs of AKI onset <input type="checkbox"/>	>48hrs of AKI onset <input type="checkbox"/>	Recognised but timing not known <input type="checkbox"/>
Was cause of AKI recorded? <input type="checkbox"/> Yes <input type="checkbox"/> No			

If cause of AKI was recorded, enter causative factors as recorded in hospital notes (*leave blank if cause of AKI not documented*)

Patient outcome:	<input type="checkbox"/> Died during hospital admission
	<input type="checkbox"/> Survived to hospital discharge
	<input type="checkbox"/> Transferred to another hospital

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 CENTRE CODE

Process of care data			
Was AKI care bundle used?			
No <input type="checkbox"/>			
Yes:	Within 6hrs of AKI onset <input type="checkbox"/>	Within 6-12hrs of AKI onset <input type="checkbox"/>	Within 12-24hrs of AKI onset <input type="checkbox"/>
	Within 24-48hrs of AKI onset <input type="checkbox"/>	>48hrs of AKI onset <input type="checkbox"/>	Yes but timing not known <input type="checkbox"/>
Was care bundle completed in full: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Care bundle not utilised			

Did the patient receive a fluid balance assessment?			
No <input type="checkbox"/>			
Yes:	Within 6hrs of AKI onset <input type="checkbox"/>	Within 6-12hrs of AKI onset <input type="checkbox"/>	Within 12-24hrs of AKI onset <input type="checkbox"/>
	Within 24-48hrs of AKI onset <input type="checkbox"/>	>48hrs of AKI onset <input type="checkbox"/>	Yes but timing not known <input type="checkbox"/>

Did the patient receive urinalysis at the time of or following AKI?			
No:	Not done <input type="checkbox"/>		Anuric <input type="checkbox"/>
Yes:	Within 6hrs of AKI onset <input type="checkbox"/>	Within 6-12hrs of AKI onset <input type="checkbox"/>	Within 12-24hrs of AKI onset <input type="checkbox"/>
	Within 24-48hrs of AKI onset <input type="checkbox"/>	>48hrs of AKI onset <input type="checkbox"/>	Yes but timing not known <input type="checkbox"/>

Was the patient receiving any of the following medications at time of AKI?				
	ACE inhibitor <input type="checkbox"/>	Angiotensin receptor blocker <input type="checkbox"/>	NSAID <input type="checkbox"/>	MRA <input type="checkbox"/> (e.g. spironolactone)
	Loop diuretic <input type="checkbox"/>	Thiazide diuretic <input type="checkbox"/>	Aminoglycoside <input type="checkbox"/>	Trimethoprim <input checked="" type="checkbox"/>

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 CENTRE CODE

Did the patient receive a medication review at time of or after AKI?			
No <input type="checkbox"/>			
Yes:	Within 6hrs of AKI onset <input type="checkbox"/>	Within 6-12hrs of AKI onset <input type="checkbox"/>	Within 12-24hrs of AKI onset <input type="checkbox"/>
	Within 24-48hrs of AKI onset <input type="checkbox"/>	>48hrs of AKI onset <input type="checkbox"/>	Yes but timing not known <input type="checkbox"/>

FOR AKI STAGE 2 AND 3 ONLY:				Not answered, patient AKI stage 1 only <input type="checkbox"/>
Did the patient receive renal imaging?				
No:	Not done <input type="checkbox"/>	Not appropriate <input type="checkbox"/>		
Yes:	Within 6hrs of AKI onset <input type="checkbox"/>	Within 6-12hrs of AKI onset <input type="checkbox"/>	Within 12-24hrs of AKI onset <input type="checkbox"/>	
	Within 24-48hrs of AKI onset <input type="checkbox"/>	>48hrs of AKI onset <input type="checkbox"/>	Yes but timing not known <input type="checkbox"/>	

FOR AKI STAGE 3 ONLY:					Not answered, patient AKI stage 1 or 2 only <input type="checkbox"/>
Did the patient receive specialist input (renal/ICU)					
No:	Not done <input type="checkbox"/>	Not appropriate <input type="checkbox"/>			
Yes:	Discussed with nephrology <input type="checkbox"/>	Seen by nephrology <input type="checkbox"/>			
	Discussed with ICU/CCOT <input type="checkbox"/>	Seen by ICU/CCOT <input type="checkbox"/>	Transfer to specialist area <input type="checkbox"/>		

* CCOT = critical care outreach team

Balancing measure		
Was patient catheterised as part of AKI care?		
No:	Not done <input type="checkbox"/>	Not possible (e.g. long term catheter) <input type="checkbox"/>
Yes:	To relieve obstruction <input type="checkbox"/>	Yes, for any other reason including fluid balance monitoring <input type="checkbox"/>

 Completed by: _____
 Name Signature Date