

Get the basics right!

1

Risk Assessment

Assess all hospital admissions for common AKI risk factors.

General factors

- Age >65
- CKD at baseline
- History of previous AKI
- Long-lie

Comorbid illnesses

- Diabetes
- Vascular disease
- Heart / liver disease
- Malignancy

Medications/toxins

- ACE / ARBs
- NSAIDs
- Diuretics
- Contrast

Beware of Sepsis

2

Prevention

In all acutely ill and at risk patients.

- Check and document serum creatinine at baseline.
- Recheck within 12-24 hours and regularly thereafter as clinical situation dictates.
- Optimise fluid balance and monitor urine output.
- Consider urinary catheter where indicated with senior advice.
- Review all medications and stop nephrotoxins when indicated.

3

Early Intervention

When AKI is suspected or confirmed.

Continue all the above basic measures plus:

- Establish and treat the cause.
- Perform urine dipstick and send MSU.
- Obtain renal ultrasound within 24 hours unless AKI cause is obvious. Discuss cases of obstruction with urology.

Think STOP

Sepsis
Toxicity
Obstruction
Parenchymal disease

Remember to record all AKI episodes on the hospital discharge summary with follow-up instructions.

4

Seek Help / Advice

Discuss all critically ill patients with local intensive care. Seek renal advice when:

- AKI is deteriorating despite basic measures.
- Suspected intrinsic renal disease.
- Baseline CKD stage 4/5 or renal transplant.

For renal advice/referral