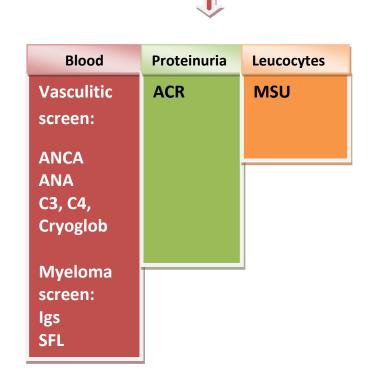
Acute Kidney Injury – Initial Management And Referral

Renal Function should be checked on all Emergency Admissions (then every 24 hours if AKI)

Urinalysis for all



Staging AKI (Creatinine and Urine Output criteria)

AKI stage	Creatinine Rise	Urine output
1	Increase in creatinine ≥26.4 µmol/L or 1.5–2 fold increase from	<0.5 mL/kg
	baseline	for 6 hr
2	Increase in creatinine >2–3 fold from baseline	<0.5 mL/kg
		for >12 hr
3	Increase in creatinine >3-fold or serum creatinine >350 µmol/L	<0.3 mL/kg for 24 hr or anuria for 12 hr

Accurate fluid balance/observations

If high early warning score request critical care outreach review.

If hypotensive despite adequate fluid resuscitation or systolic BP < 90mmHg after > 2 L fluid then senior +/- outreach review.

Caution required for heart failure patients: use clinical judgement for degree of volume replacement.

Renal referral for Acute Kidney Injury

AKI Stage 1	Refer to renal team as per NICE [NG148], e.g., only if no clear cause, inadequate response to treatment, suspected
AKI Stage 2	intrinsic kidney disease/myeloma, renal transplant, CKD Stage 4/5 or complications of AKI (high potassium etc)
AKI Stage 3	All patients should be referred & discussed with renal team unless palliative

Management for all stages of AKI = "STOP" AKI

- S SEPSIS / HYPOTENSION / PRERENAL / ATN. Antibiotics within 1 hour (renal dosing). Avoid empirical gentamycin in AKI. Relevant cultures (urine/blood) before antibiotics. Adequate fluid resuscitation.
- T TOXINS All patients should have a nephrotoxic medication review (e.g. NSAID/ACEi/ARB) avoid post-operative NSAID
- O OBSTRUCTION AKI is usually fully reversed if obstruction relieved promptly. USS scan within 24 hours
- P PARENCHYMAL / INTRINSIC RENAL DISEASE, think rapidly progressive gn such as vasculitis in someone with rash & active urine sediment. Rhabdomyolysis if clinically suspected (CK). If anaemic/low platelet count consider HUS/TTP. Tubulointerstitial nephritis if new drug commenced recently & no obvious alternative cause.

For detailed guidelines refer to the Black Country Network AKI guidelines which are available on the intranet.