# Acute kidney injury care bundle

*Most hospital patients are at risk of acute kidney injury*

*Do not delay response, even at the earliest stages*

## AKI care bundle started by:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Time:</th>
<th>Date:</th>
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## Due to:

- [ ] AKI on blood results
- [ ] Fluid balance: urine output < 250ml/6 hours
- [ ] Critically unwell patient

### Review ➔ Respond ➔ Refer

<table>
<thead>
<tr>
<th>Review</th>
<th>Respond</th>
<th>Refer</th>
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</table>
| Patient assessment  
☐ ABCDE  
☐ Check early warning score + check for signs of sepsis | ☐ Call for help to resuscitate if patient critical  
☐ Start sepsis care bundle if signs of sepsis | Immediate referral  
• Renal  
☐ Existing CKD 4/5  
☐ Kidney transplant  
☐ Likely intrinsic kidney disease  
☐ Complications: K⁺ > 6.5; anuric; pericarditis; confusion; pulmonary oedema; severe acidosis pH < 7.2, HCO₃⁻ <15  
• Urology  
☐ If obstruction and likely pyosepsis, or single kidney, or obstruction not relieved by catheter | |
| ☐ Venous gas (K⁺, HCO₃⁻, lactate) + send lab bloods | ☐ Correct high K⁺ | Within 6 hours of starting bundle  
• Renal  
☐ Cr > 300µmol/l and non-responder | |
| ☐ Fluid assessment including fluid balance chart | ☐ Fluid resuscitate | Within 24 hours of starting bundle  
• Renal  
☐ Inadequate response irrespective of creatinine  
• Urology  
☐ Obstruction on ultrasound scan | |
| ☐ Check previous bloods | ☐ Correct abnormalities  
– add relevant bloods (Ca, LFTs, CK)  
☐ Consider glucose levels | |
| ☐ Urine dip | ☐ Consider culture  
☐ Consider acute renal screen if indicated: ANCA, ANA, anti-GBM, complement, immunoglobulins, BJP | |
| ☐ Bladder scan | ☐ If UC used, start UC care bundle. Avoid urinary catheter unless critically unwell or acute/chronic retention | |
| ☐ Review medication | ☐ Stop nephrotoxins: NSAIDs, ACEIs, angiotensin receptor blockers, contrast, diuretics, gentamicin, PPI  
☐ Check drug/antibiotic dosing | |
| ☐ Renal tract ultrasound within 24h if no cause AKI identified | ☐ Contact urology if obstruction | |

Note: The Renal team is available 24 hours  
Renal registrar Monday–Friday 8.30–17.00, bleep number 176 or contact a consultant through switchboard anytime

### In discharge summary:

Patients who develop AKI, and even when kidney function returns to normal, are at significant risk of developing CKD. Give clear follow up information to GP in discharge summary.

For more information see AKI guidance on the intranet. Search ‘AKI’

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**Attach to fluid balance chart**

**AKI protocol started**

**Attach to drug chart**

**AKI protocol started**