

NAME \_\_\_\_\_  
HOSPITAL NUMBER \_\_\_\_\_  
DOB \_\_\_\_\_

DATE \_\_\_\_\_  
COMPLETED BY \_\_\_\_\_  
SIGNATURE \_\_\_\_\_

## AKI INITIAL MANAGEMENT BUNDLE

Serum Creatinine Rise of  $\geq 1.5$  fold from baseline

**AKI is a Medical Emergency: Complete ALL 8 points**

### 1 - ASSESSMENT

1

Full set of observations including PAR score  
Full clinical assessment including:

- Signs of SIRS +/- shock
- Fluid Status / Presence of distended bladder

### 2 - FLUID THERAPY

2

**If fluid overloaded or unsure**

YES

**URGENT ST/SNP REVIEW**

**If hypovolaemic**

GIVE 250mL crystalloid over 30 minutes  
Repeat once if necessary

After 500mL is the patient still OLIGO-ANURIC OR HYPOVOLAEMIC?

YES

**3- If K > 6 , go to Trust Hyperkalaemia Protocol**

3

**4 - URINE DIPSTICK**

Document in medical record

4

**5 - REVIEW MEDICATION**

Stop NSAIDS / ACE / ARB / K<sup>+</sup> Sparing diuretics

Review indication for aminoglycosides

Review anti-hypertensives (be aware of relative hypotension)

Pharmacy review within 24 hours

Only give contrast if necessary; follow Trust Prophylaxis Protocol

5

**6 - REPEAT CREATININE THE NEXT DAY**

6

**7 - RENAL TRACT USS WITHIN 24 HOURS**

7

**8 - STRICT FLUID BALANCE CHART**

8

Including Urine Output and Daily Weights

**If patient not responding seek Senior Review**  
**See London Network AKI Guidelines for Continued Management**

[www.londonaki.net](http://www.londonaki.net)