AKI care bundle

Name:
Date of birth:
Hospital No.: (affix hospital label here)

Grade of AKI (please circle): 1 2 3

Urgent assessment **Comments**

Examination and full set of observations: Yes ❑ No ❑
(remember to exclude palpable bladder)
Early warning score (please document score): _____
If triggered, name of person contacted?: _____

Fluid therapy

Clinical assessment of volume status/perfusion Hypovolaemic ❑ Euvolaemic ❑ Overloaded ❑
Fluid bolus and reassess Yes ❑ No ❑
500ml crystalloid; 250ml crystalloid if concerned about cardiac history
Maintenance fluids prescribed Yes ❑ No ❑

Monitoring

Insert urinary catheter Yes ❑ No ❑ N/A❑
Hourly fluid input/output chart Yes ❑ No ❑

Initial investigations

Urine dipstick result (please document result)
- if positive send MSU Yes ❑ N/A❑
Daily U&Es until stable Yes ❑ No ❑
Perform ABGs Yes ❑ No ❑ N/A❑
FBC, LFTs, bone profile, CRP, CK Yes ❑ No ❑

Suspected cause (please circle):

Perfusion **Sepsis** **Toxicity** **Obstruction** **Parenchymal renal disease**

Supportive care

Sepsis - Start *Sepsis 6* bundle Yes ❑ N/A❑
USS ordered within 24 hours if indicated Yes ❑ No ❑ N/A❑
Drug chart review Yes ❑ No ❑
(ACE-I, ARB, NSAIDs, metformin stopped)
(Dose adjustments e.g. antibiotics)

AKI referral

Consultant aware Yes ❑ No ❑
CCOT Yes ❑ No ❑ N/A❑
ITU Yes ❑ No ❑ N/A❑
Urology Yes ❑ No ❑ N/A❑
Nephrology Yes ❑ No ❑ N/A❑

Name: _____ Grade: _____

Signature: _____ Date and time: _____