### Acute Kidney Injury: The Kidney5 Care Bundle

[Please use as soon as AKI identified]

<table>
<thead>
<tr>
<th>Initial Assessment using the ABCDE approach, respond to the Early Warning Score, and specify an appropriate escalation plan</th>
<th>Time Done</th>
<th>Reason Not Done</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Sepsis</strong></td>
<td>• Treat on Sepsis6 Pathway if criteria present + Assess 3,4,5 below</td>
<td></td>
</tr>
</tbody>
</table>
| **2. Hypovolaemia** | • Restore haemodynamic status  
  • IV crystalloid bolus (0.9% Saline or Hartmann’s solution 500ml over 15mins; 250ml if h/o cardiac failure; use 0.9% saline if K+>5.5mmol/L)  
  • Assess and repeat according to clinical response  
  • If oliguric despite adequate fluid resuscitation, match urine output and monitor for pulmonary oedema | | |
| **3. Obstruction** | • Organise ultrasound of renal tract based on assess from history, physical examination and the following:  
  • Suspected pyonephrosis (within 6 hrs)  
  • No identified cause of AKI (within 24 hrs)  
  • Identified cause of AKI: USS not mandatory | | |
| **4. Urine Analysis** | • Perform and document IN ALL patients AS SOON AS AKI identified: Interpret in clinical context.  
  • AKI with no clear cause + haematuria and proteinuria with no urosepsis or catheterisation: Consider autoimmune causes | | |
| **5. Toxins** | • Review Medications: Avoid (nephrotoxins) and Adjust (dose of drugs with renal excretion)  
  • Other Toxins: Consider Myeloma, Rhabdomyolysis, Haemolytic Uraemic Syndrome , Malignant Hypertension | | |

Document and Treat Cause(s): __________ / __________ / __________

Specify Monitoring Frequency:

**Treat Complications of AKI**

- **Hyperkalaemia** (K+>6.0mmol/L): 10ml 10% calcium gluconate if ECG changes; K+>6.5mmol/L: Insulin 10 IU in 50ml of 50% dextrose over 15 mins with salbutamol 2.5-5mg nebulised.

- Refer if persistent (K+>6.0mmol/L) after medical treatment. * Refer early if oliguric hyperkalaemia.

- Consider escalation, where appropriate, in patients with airway, breathing, circulation instability after appropriate initial measures.

- **Acidosis**: Hyperkalaemia with no fluid overload (250-500ml 1.26% NaHCO3). Do not use if in pulmonary oedema.

- **Fluid overload**: Loop diuretics not indicated. Seek renal or ICU advice. May be considered if patient waiting for dialysis develops fluid overload.

**Referral Criteria**

- AKI Stage III
- Persistent Oliguria and/or rising creatinine despite having completed Kidney5 measures
- Complications refractory to medical Rx.
- AKI plus
  - Absence of defined cause
  - Systemic features e.g. rash, arthralgia
  - Paraprotein
  - Haemolysis / thrombocytopenia
  - Poisoning

**Signed:**

**Date:**

**Name / Designation / Bleep**

**PATIENT ID LABEL**