Great Western Hospitals NHS
NHS Foundation Trust

Acute Kidney Injury: The Kidney5 Care Bundle

[Please use as soon as AKI identified]

	Initial Assessment using the ABCDE approach, respond to the Early Warning Score, and specify an appropriate escalation plan	Time Done	Reason Not Done
1. **S**epsis	• Treat on Sepsis6 Pathway if criteria present + Assess 3,4,5 below		
2. **H**ypovolaemia	• 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. **O**bstruction	• 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. **U**rine 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. **T**oxins	• 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:

Clinical | Urine Output | Investigations

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**: Hyperkalaemic 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 / thrombocytopaenia
  - Poisoning

Signed:	**Date:**
Name / Designation / Bleep	

PATIENT ID LABEL