




This patient has generated an AKI alert on the Streams application.
The AKI response team are here to support and advise.
Ongoing management remains the responsibility of the home team unless otherwise agreed.

affix patient sticker here

We recommend the following actions to STOP-AKI:

Management of life threatening complications of AKI	Critically ill: Call PARRT (2525) or ITU (1030)	<input type="checkbox"/>
	Hyperkalaemia or acidosis: commence medical therapy as per guidelines	<input type="checkbox"/>
	Fluid overload: Commence diuretics, nitrates/oxygen (if necessary), fluid restriction	<input type="checkbox"/>
Sepsis and hypoperfusion	Sepsis: complete Sepsis 6 care bundle	<input type="checkbox"/>
	Has an infection causing AKI: send cultures, commence or escalate antibiotics	<input type="checkbox"/>
	Hypovolaemic: Start bolus fluid protocol. Give 500mls crystalloid and reassess, repeat as necessary. Escalate to senior review after 2 litres bolus therapy	<input type="checkbox"/>
	Commence maintenance IV fluids	<input type="checkbox"/>
Toxicity	Drug cessation or adjustment required	<input type="checkbox"/>
Obstruction	Obstruction is possible and patient needs same day diagnostic renal USS Please call Matteo Rossi for bedside USS on 07443101848. If out of hours then discuss with radiology (1462). If obstruction present please contact urology registrar on 1487 or on x39536	<input type="checkbox"/>
Primary Renal Disease	Perform urine dipstick	<input type="checkbox"/>
	If urine dip clear: order 'AKI diagnostic set (basic)' on Cerner	<input type="checkbox"/>
	If blood or protein present: order 'AKI diagnostic set (glomerular)' on Cerner	<input type="checkbox"/>
General advice	<p>If in doubt, contact the AKI registrar on 07950860822 (day) or 07950843257 (night)</p> <p>For guidelines and education, visit londonaki.net or download the London AKI app:</p> 	
Follow up	<p>- Take 4 hourly observations & ensure an escalation plan is in place</p> <p>- Commence a fluid balance chart, measure weights daily and set a daily fluid balance target</p> <p>- Daily bloods: use 'AKI follow up' order set on Cerner and follow up to renal recovery</p> <p>- Avoid contrast if possible. Consider prophylaxis where contrast absolutely necessary</p> <p>- Review all medications at discharge</p> <p>- If renal function does not return to baseline at discharge, contact AKI registrar for advice</p>	
	We will only see if contacted by you or re-alerted in Streams due to worsening AKI	<input type="checkbox"/>
	We will schedule a further review	<input type="checkbox"/>
	We will take over care of patient	<input type="checkbox"/>

TIME SEEN: _____: _____ DATE: ____/____/____ SIGNED: _____

Grade: Registrar ☐

Consultant ☐

NAME: _____