

# AKI Care Bundle Checklist

Patient Name: .....

No: ..... DOB: .....

## URGENT ASSESSMENT

	YES	NO	N/A
ABC and full set of observations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National early warning system triggering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical care outreach called (if triggering)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## DIAGNOSE THE CAUSE(S)

	YES	NO	N/A
Sepsis and hypoperfusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary renal disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## TREAT THE CAUSE(S)

	YES	NO	N/A
Bolus fluid to restore hypovolaemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sepsis screening and antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe sepsis antibiotics <1 hour and 'sepsis six'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relative hypotension stop antihypertensives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop nephrotoxins (including ACE/ARB/NSAID)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If obstruction confirmed referred urology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstruction relieved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If primary renal disease suspected referred nephrology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If indicated therapy for renal disease given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## GENERAL SUPPORTIVE CARE AND ESCALATION

	YES	NO	N/A
Maintenance fluid prescription and monitoring plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physiological monitoring plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance drugs and dosages reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring blood tests arranged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## AKI REFERRAL AND ESCALATION

	YES	NO	N/A
Referral pathway reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referred nephrology (AKI 3, no recovery, complications cause unclear or primary renal disease)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referred local critical care (AKI 3, no recovery, complications)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## FOLLOW UP

	YES	NO	N/A
Patient/carer adequate support and information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow up arrangements in place and communicated to relevant clinicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signed: .....

Date: .....

Position: .....

Fix patient sticker here