

AKI Complications

Hyperkalaemia, Acidosis, Pulmonary Oedema, Reduced Conscious Level

Begin Medical Therapy and Get Help

Local Critical Care Team
and
Local Nephrology Team (if onsite)

Hyperkalaemia

Medical therapy of hyperkalaemia is a transient measure pending imminent recovery in renal function or transfer to kidney unit or critical care for renal replacement therapy.

If ECG changes give calcium gluconate 10mls 10%.

If bicarbonate <22mmol/L and no fluid overload give 500mls 1.26% sodium bicarbonate over 1 hour.

K>6.5mmol/L or ECG changes give insulin 10 international units in 50mls of 50% dextrose over 15 minutes & salbutamol

10mg nebulised (caution with salbutamol in tachycardia or ischaemic heart disease).

Insulin/dextrose and salbutamol reduce ECF potassium for <4 hours only.

Acidosis

Medical therapy of acidosis with bicarbonate should be reserved for emergency management of hyperkalaemia (as above) pending specialist help.
pH<7.15 requires immediate critical care referral.

Pulmonary Oedema

Sit the patient up and give oxygen (60-100% unless contraindicated)

If haemodynamically stable give furosemide 80mg IV. Consider repeat bolus and infusion at 10mg/hour

If haemodynamically stable commence GTN 1-10mg/hour titrating dose.

Reduced Conscious Level

Manage uraemic coma as per all reduced consciousness (airway management) pending critical care transfer and emergency renal replacement therapy.

These are Holding Measures Prior to Specialist Help from Critical Care or Nephrology Services