

Referral from Ward

All AKI

with

Blood and protein +++ on dipstick
Possible autoimmune disease/ glomerulonephritis,
myeloma
Possible HUS/TTP, hypertension
Poisoning.

All AKI

with

Obstruction on USS
(NB partially obstructed patients may have
normal or high urine volumes).

Local Renal Team

*If transfer decided see
AKI transfer policy*

LOCAL UROLOGY TEAM

*If nephrostomy or stenting
required proceed immediately*

**Progression to AKI 3 Or AKI 3 at Recognition or AKI Complications
and Imminent Recovery Unlikely**

Local Renal Team

or

Local Critical Care Team

(essential if the patient is developing multi-organ failure)

**If the Patient Is Too Ill To Transfer (see AKI Transfer Policy)
Contact Local Critical Care Team**

Institute AKI Care Bundle While Transfer Pending

Dataset Needed for Kidney Unit Referrals

U and E, Calcium, Phosphate, ABG/lactate, FBC, coagulation, LFTs.
Heart rate, respiratory rate, blood pressure, Oxygen saturations.
AVPU or GCS score.
Urine output.
AKI grade and pre-morbid Cr level.
Urine dipstick.
USS if obtained.
Co-morbid history.
MRSA status (if known).