Risk, Prevention and Recognition

Some AKI Is Predictable, Preventable and/or Recognised Late

Risk Assess for AKI
The risk of AKI is contributed to by the acute insult and background morbidity

Background
Elderly (>65)
CKD
Cardiac failure
Liver disease
Diabetes
Vascular disease
Background nephrotoxic medications

Acute 'STOP'
Sepsis and hypoperfusion
Toxicity
Obstruction
Parenchymal kidney disease

Prevent AKI - The 4 'M's
Monitor Patient
(observations and EWS, regular blood tests, pathology alerts, fluid charts, urine volumes)
Maintain Circulation
(hydration, resuscitation, oxygenation)
Minimise Kidney Insults
(e.g. Nephrotoxic medications (NSAID, aminoglycosides, ACE/ARB, diuretics), surgery or high risk interventions, iodinated contrast and prophylaxis, hospital acquired infection)
Manage The Acute Illness
(e.g. sepsis, heart failure, liver failure)

Recognise AKI
1.5 rise from recent baseline creatinine, >26 rise in 48 hours,
prompt from National algorithm or 6 hours of oliguria

AKI Develops

INSTITUTE CARE BUNDLE
Prevent AKI progression by rapid diagnosis, supportive care, specific therapy and appropriate referral

aki

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