

Obstetric AKI Pathway

Institute in all cases with creatinine $>90\mu\text{mol/L}$ or serial creatinine rise of $26\mu\text{mol/L}$ or 20ml/hr urine for 12 hours (if PET excluded)

THIS IS POTENTIALLY A MEDICAL EMERGENCY

Full set of physiological observations BP/HR/RR/SATS/TEMP
Assess for signs of shock/hypoperfusion- low BP/high HR/confusion/pale & cold skin
Review history and past results If MEOWS triggering- high flow oxygen, Review senior/HDU/ITU

Fluid therapy in AKI

If hypovolaemic give crystalloid 250ml. Followed by 125 ml/hr^* Re-assess
Catheterise if obstruction and measure hourly urine output

Monitoring in AKI

Venous blood gas & lactate, U&E twice a day while creatinine rising
Fluid chart, regular fluid assessment and observations

Investigations in AKI

If proteinuria URGENT PCR
Ultrasound (obstruction),
Liver Profile, If low platelets blood film (fragmented RBC/PLT), LDH, Bilirubin, Reticulocytes

Supportive AKI care

Sepsis- ANTIBIOTICS within an hour. Review drug chart/thromboprophylaxis

Causes Think STOP AKI
Prerenal Sepsis/hypovolaemia (PPH)
Renal Toxicity NSAIDS, PET, HELLP, HUS, TTP
Postrenal Obstruction or ureteric damage during delivery

* Caution with PET