

AKI management plan

How to prevent AKI

- Identify all CKD 3-5 patients as increased risk for AKI
 - Early identification of patients at risk with acute illness, and consider temporary cessation of ACE Inhibitor/ARB/diuretics with hypovolaemia/hypotension
 - Minimise and monitor NSAIDs with CKD
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How to diagnose AKI

- Increase in serum creatinine $\geq 25 \mu\text{mol/l}$ within 48 hours; or
 - Increase in serum creatinine to ≥ 1.5 times baseline, which is known or presumed to have occurred within the prior 7 days; or
 - Significant reduction in urine output compared with normal output
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What to do during an AKI episode

- Remove risks in early stage of illness
 - Seek specialist advice early
 - Systematic fluid assessment and medication review for all patients at risk when acute illness occurs
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What to do after an AKI episode

- Follow-up within 30 days after discharge, and then GP or Nephrology follow-up as required.
 - Annual Kidney Health Check for subsequent 3 years
 - Self-management to monitor and reduce risk of subsequent exposures
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