
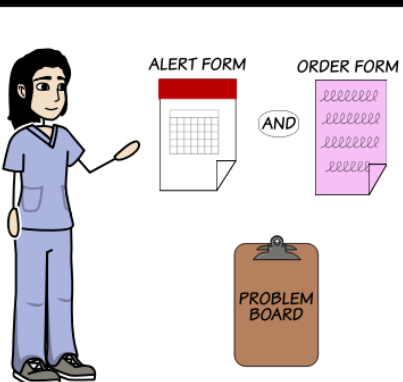
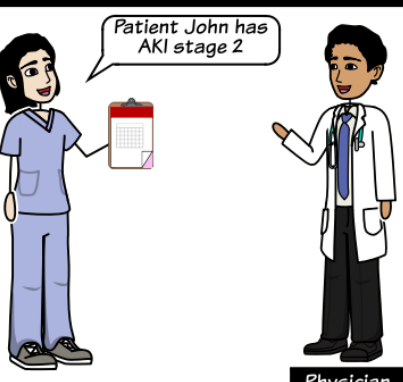

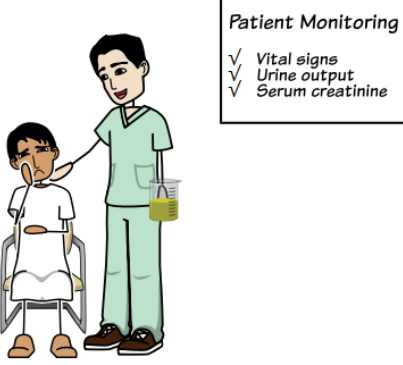
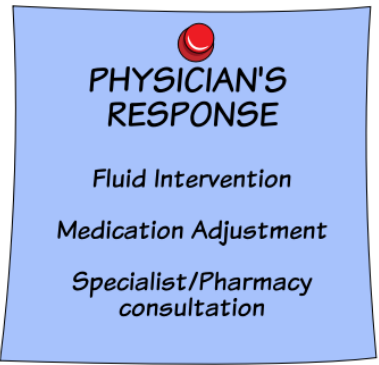

	<p>RECOGNIZE: CN reviews lab results daily to identify patients with AKI.</p>	<p>RECOGNIZE: UC pulls tableau report daily at 13:30. Tableau flags AKI episodes approx. 24 hrs after lab results become available.</p>
		
<p>UC gives tableau report displaying patient information to CN. Turn this page for more information on AKI staging.</p>	<p>RESPOND: To alert physician, place a completed AKI alert form and Physician order form on problem board. Add information to Kardex</p>	<p>REFER to physician. Where available, residents and extenders may be contacted first.</p>
		
<p>REFER to pharmacist. Full review available to vascular patients. For others call dispensary, Pharmacy Intervention Note may be created.</p>	<p>RESPOND: Primary nurse continues to monitor and record urine output and SCr on AKI alert form. Follow up with physician on PIN.</p>	<p>AKI severity will guide the urgency of referrals.</p>

AKI Alert Form

AKI Stage:

(Please insert from Tableau Report)

Baseline serum creatinine:

(Review chart)

Date of Surgery:

Patient Label

AKI: Staging, Definitions, and Severity		
Stage	Definitions	Severity
AKI 1	SCr increases by 26 µmol/litre within 48 hours, or by 50% within 7 days	Mild
AKI 2	SCr increases by 2-2.9 folds in 7 days	Moderate
AKI 3	SCr increases by over 3 folds, or to over 353 µmol/litre within 7 days	Severe

Risk of Fluid Overload Causing Cardio-Respiratory Compromise		
Risk Level	Criteria	Recommended Volumes
Low	No history of heart failure Left ventricular ejection fraction > 55% No history of chronic kidney disease No third spacing of fluids	250 to 1000 mL bolus(es)
Intermediate	Heart failure (mild systolic dysfunction) Left ventricular ejection fraction 45-55% History of chronic kidney disease Minor third spacing of fluids	100 to 500 mL bolus(es)
High	History of heart failure (moderate/severe dysfunction) Left ventricular ejection fraction < 45% History of advanced chronic kidney disease Significant third spacing of fluids	50 to 250 mL bolus(es)

Medications to be avoided or dose adjusted*
<ul style="list-style-type: none"> • Diuretics (e.g. Lasix, spironolactone, amiloride, hydrochlorothiazide, chlorthalidone, indapamide) • NSAIDs (e.g. Ketoralac, Naproxen, Indomethacin, Ibuprofen) • ACEi (e.g. Perindopril, Lisinopril, Ramipril, Captopril, Enalapril) • ARBs (e.g. Telmisartan, Irbesartan, Valsartan, Candesartan, Losartan, Olmesartan) • CNIs (e.g. Tacrolimus, Cyclosporine) • Anti-infectives (e.g. Ciclovir, Aminoglycosides, Amphotericin IV Fungizone®, Co-trimoxazole, Fluconazole, Ganciclovir IV, Penicillins, Teicoplanin, Tetracycline, Trimethoprim, Valganciclovir, Vancomycin)
<p>* Bring to the attention of physician. This is not exhaustive, full list of high risk medication is on AHS Insite, check the Clinical knowledge Topic on Acute Kidney Injury.</p>

Study inquiries or feedback about the tools and processes?

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