



LRI Children's Hospital

Acute Kidney Injury (AKI)

Staff relevant to:	Clinical staff working within the UHL Children's Hospital.
Team approval date:	July 2017
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Written by:	A. Hall
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1. Introduction

Clinical Guidance Leicester Children's Hospital is part of the East Midlands, East of England and South Yorkshire (EMEESY) Children's kidney network. The main specialist renal centre is at Nottingham Children's Hospital at the Queens Medical Centre in Nottingham.

Their webpage can be found here:

<http://www.emeesykidney.nhs.uk/>

Their network guidelines, including the guideline Acute Kidney Injury (AKI), can be found here.

<http://www.emeesykidney.nhs.uk/professional-area/individual-guidelines>

If link doesn't open using Ctrl+Click, cut and paste link into Google Chrome.

2. Scope

Clinical staff working within the UHL Children's Hospital caring for children who are thought to have AKI.

3. Clinical review

At the LRI we have a sticker to be used when children are thought to have AKI (stickers usually found with fluid balance sheets).

This is to prompt clinicians to think about possible causes and basic management.

It also acts as a reminder at discharge to include the occurrence of AKI on the discharge letter and arrange follow up if required.

Paediatric Acute Kidney Injury Alert Review Sticker					
Patient's Name:			Hospital No:		
Date:	Time:	Creatinine:	AKI Stage:	Signature:	
Investigate Potential Causes	Present? (tick)	Treatment / Comments	ACTIONS	Done or N/A	Comments
Volume Depletion			MONITOR PEWS inc BP, strict fluid balance, unanalysis, daily weight, repeat creatinine and electrolytes		
Sepsis			MAINTAIN CIRCULATION Treat hypoperfusion and re-assess		
Medication / Contrast			MINIMISE KIDNEY INJURY Review, monitor and adjust medication eg NSAID, ACE-i, AMB, diuretics, antibiotics		
Urinary Tract Obstruction		Consider USS	MANAGE Senior review Investigate as per AKI guideline USS if no clear cause or not improving		
Intrinsic Renal Disease		D/W Feed, Nephrology	DISCUSS WITH PAED. NEPHROLOGY Intrinsic renal disease, vasculitis, HUS Background of CKD or renal transplant Severe electrolyte abnormalities AKI stage 3 or 5		
Other			INFORM Patient / Parent / Carer = www.infoKid.org.uk DP = discharge summary to include AKI stage, cause, treatment, and renal follow-up plan		

PAEDIATRIC AKI ALERT STICKER

Please note there are limitations with the AKI score which is calculated directly from the creat result by biochemistry. If in doubt please calculate an eGFR (height x40/ creat)

Our local renal specialists are:

Dr Angela Hall Associate Specialist

Dr Sudarsana De Consultant Paed Nephrologist (shared post with Nottingham)

They can be contacted via switchboard

4. Education and Training

No new training is required to implement this guideline.

5. Equality Statement

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

As part of its development, this policy/guideline and its impact on equality have been reviewed and no detriment was identified.

6. Supporting Documents and Key References

<http://www.emeesykidney.nhs.uk/>

7. Key Words

Acute Kidney Injury, AKI, Renal

DEVELOPMENT AND APPROVAL RECORD FOR THIS DOCUMENT			
Author / Lead Officer:	Angela Hall	Job Title: Associate Specialist	
Executive Lead:	Simon Robinson		
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REVIEW RECORD			
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