ACUTE KIDNEY INJURY SS

IV FLUIDS

☐ Sodium Chloride 0.9% IV to run at 10 mL/Hr Evidence
☐ Dextrose 5% IV to run at 10 mL/Hr Evidence
☐ Saline lock IV if tolerating Po fluids, Temp < 100.4º F, HCT > 30, and PCA not required. Saline Flush 2 mL IV Push Q 8 Hrs and after each IV medication dose. RN to contact Pharmacy to DC IV Fluid order(s) when IV Fluid is converted to saline lock.

MEDICATIONS

Plasma Volume Expanders

☐ Albumin 5% 250 mL IVPB x 1 dose. Give 30 mins before loop diuretic dose (if ordered). Rate not to exceed 10 mL/min.
☐ Albumin 5% 250 mL IVPB Q 12 Hrs. Give 30 mins before loop diuretic doses (if ordered). Rate not to exceed 10 mL/min.
☐ Albumin **25%** 50 mL IVPB x 1 dose. Give 30 mins before loop diuretic dose (if ordered). Rate not to exceed 3 mL/min.
☐ Albumin **25%** 50 mL IVPB Q 12 Hrs. Give 30 mins before loop diuretic doses (if ordered). Rate not to exceed 3 mL/min.

Diuretic medications Evidence

Loop diuretics (IV)

☐ Bumetanide (Bumex) 1 mg IV Push x 1 dose. Give 30 mins after albumin dose (if ordered).
☐ Bumetanide (Bumex) 1 mg IV Push Q 12 Hrs @ 06,14. Give 30 mins after albumin doses (if ordered).
☐ Furosemide (Lasix) 40 mg IV Push x 1 dose. Give 30 mins after albumin dose (if ordered).
☐ Furosemide (Lasix) 40 mg IV Push Q 12 Hrs @ 06,14. Give 30 mins after albumin doses (if ordered).
☐ Torsemide (Demadex) 20 mg IV Push x 1 dose. Give 30 mins after albumin dose (if ordered).
☐ Torsemide (Demadex) 20 mg IV Push Q 12 Hrs @ 06,14. Give 30 mins n after albumin doses (if ordered).

Loop diuretics (Po)

☐ Bumetanide (Bumex) 1 mg Po x 1 dose. Give 30 mins after albumin dose (if ordered).
☐ Bumetanide (Bumex) 1 mg Po Q 12 Hrs @ 06,14. Give 30 mins after albumin doses (if ordered).
☐ Furosemide (Lasix) 80 mg Po x 1 dose. Give 30 mins after albumin dose (if ordered).
☐ Furosemide (Lasix) 80 mg Po Q 12 Hrs @ 06,14. Give 30 mins after albumin doses (if ordered).

Potassium sparing diuretics

☐ Metolazone (Zaroxolyn) 2.5 mg Po x 1 dose. Give 30 mins before loop diuretic dose (if ordered).
☐ Metolazone (Zaroxolyn) 2.5 mg Po Daily @ 05:30. Give 30 mins before loop diuretic doses (if ordered).

Diuretic infusions

☐ Furosemide (Lasix) continuous IV infusion 100 mg/100 mL NS (Concentration = 1 mg/mL). Start infusion at _____mg/Hr. Do Not Titrate.
☐ Furosemide (Lasix) continuous IV infusion 100 mg/100 mL NS (Concentration = 1 mg/mL). Start infusion at _____mg/Hr. Titrate up in 5 mg/Hr increments Q ____Hrs to maintain UOP > _____mL/Hr.

Potassium-Lowering Agents

☐ Sodium Polystyrene Sulfonate (Kayexalate) 30 Gm Po x 1 dose.
☐ Sodium Polystyrene Sulfonate (Kayexalate) 30 Gm Po Q 6 Hrs. Hold if potassium < 4 mEq/L.
☐ Sodium Polystyrene Sulfonate (Kayexalate) 30 Gm PR x 1 dose.
☐ Sodium Polystyrene Sulfonate (Kayexalate) 30 Gm PR Q 6 Hrs. Hold if potassium < 4 mEq/L.

Other medications:_____

***All labs/diagnostics will be drawn/done routine now unless otherwise specified**

LABORATORY - Hematology
☐ Complete Blood Count (CBC) – In AM
☐ Erythrocyte sedimentation rate (ESR) – In AM

LABORATORY - Chemistry
☐ Basic Metabolic Panel (BMP) - In AM
☐ Chemistry Panel Comprehensive (CMP) - In AM
☐ Calcium (CA) – In AM
☐ Phosphorus– In AM
☐ Magnesium (MG) – In AM
☐ Chemistry Panel Hepatic function (LFT) – In AM
☐ Albumin (ALB) - In AM
☐ Complement C3 – In AM
☐ Complement C4 – In AM
☐ Anti Glomerular base membrane antibodies – In AM
☐ Cryoglobulin with Reflex Cryoppt – In AM
☐ Protein Electrophoresis – In AM
☐ Bilirubin Total– In AM
☐ Antineutrophil Cytoplasmic Antibody (ANCA) – In AM
☐ Hepatitis Acute Panel– In AM
☐ C Reactive Protein (CRP), high-sensitivity – In AM
☐ Creatine Kinase Total (CK-total) – In AM
☐ Osmolality– In AM
☐ Uric acid – In AM

LABORATORY - Coagulation
☐ DIC profile – In AM

LABORATORY - Serology
☐ Anti-double stranded DNA– In AM
☐ Antinuclear antibodies (ANA) – In AM
☐ HIV 1&2 Antibodies Rapid Screen – In AM
☐ Rapid Plasma Reagin (RPR), Qualitative – In AM
☐ Anti-DNAse B Steptococcal Titer – In AM
☐ Anti Streptolysin O Ab Titer – In AM

LABORATORY - Urine
☐ Urinalysis (UA) Reflex Culture– In AM
☐ Protein Electrophoresis Urine – In AM
☐ Sodium Urine Random – In AM
☐ Chloride Urine Random – In AM
☐ Potassium Urine Random – In AM
☐ Eosinophils Count Urine – In AM
☐ Osmolality Urine – In AM
☐ Total protein Urine Random – In AM
☐ Micro albumin Urine 24 Hr – In AM
☐ Creatinine Urine 24 Hr – In AM

MICROBIOLOGY
☐ Blood Culture x 2 from 2 different sites– In AM
☐ Urine Culture - In AM

DIAGNOSTIC - Cardiology
☐ Electrocardiogram (12-lead EKG); Reason for exam:_____
☐ Echocardiogram; Reason for exam: _____

DIAGNOSTIC - Radiology
☐ Chest X-ray1 view (CXR); Reason for exam:_____
☐ Chest X-ray 2 view (CXR); Reason for exam: _____

DIAGNOSTIC - Interventional Radiology
☐ Radiograph, Urethrocystography, voiding (VCUS Cysto) Reason for exam:_____

DIAGNOSTIC - Ultrasonography
☐ Ultrasound Abdomen kidney Reason for exam: _____ Evidence
☐ Ultrasound Kidney Bilateral Reason for exam:_____ Evidence

MD CONSULTS
REMINDER: Consider Specialty Referral: (Nephrology/Urology)
☐ Consult MD _____
☐ Consult MD_____

REQUESTS FOR SERVICE
☐ Consult Nutritional Services
☐ Consult for Case Management
☐ Consult to Social Services

REMINDERS
**Avoid the routine use of hyperoncotic solutions for fluid resuscitation Evidence
**Avoid the routine use of low-dose DOPamine Evidence
**Avoid the routine use of potentially nephrotoxic agents (eg, ACE inhibitors, aminoglycosides, ARBs, IV radiocontrast, NSAIDs) Evidence