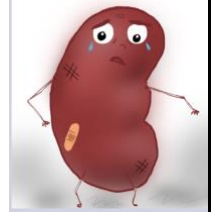


Acute Kidney Injury

Handout compiled by Moses Murdock (@haematogonist)

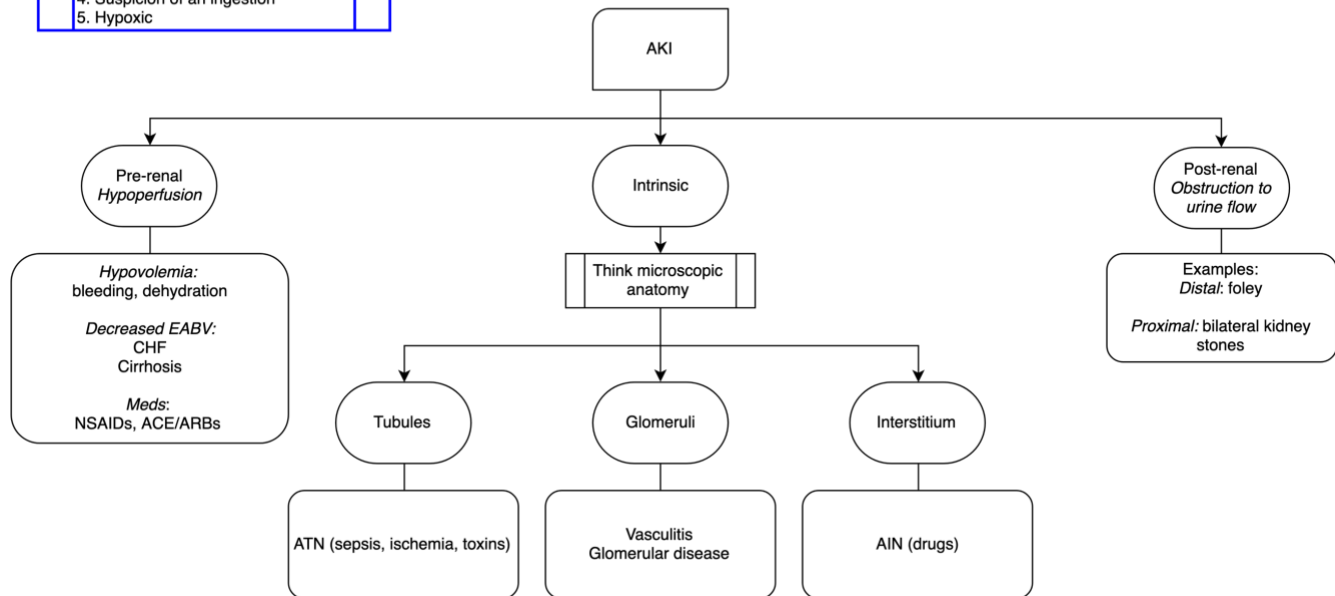
Discussant: Dr. Sushrut Waikar



1. Diagnostic Approach:

How urgent? 5 Concerning features:

1. Hyperkalemia
2. Magnitude in Cr rise
3. What is the UOP, Oliguria/Anuria
4. Suspicion of an ingestion
5. Hypoxic



2. Management:

- Suspicion for volume depletion → give fluids!
- Assess obstruction → renal ultrasound
- Take a look at med list
- Labs:
 - Electrolytes, BUN, Ca
 - Ca, Phos, Uric acid,
 - CBC w/ diff (eosinophilia can be clue for AIN)
- Urinalysis
 - Cells: infection vs. inflammation
 - Protein: assess for nephrotic syndrome
 - Casts
 - Muddy brown → suggestive of ATN
 - RBC → glomerulonephritis
 - WBC → AIN
 - Hyaline → pre-renal azotemia
 - Urine electrolytes of interest: Na, K.
 - FeNa < 1% suggestive of pre-renal azotemia...but **lots** of exceptions
 - FeNa: should **not** be sole basis for deciding on IVF
- Renal Replacement Therapy:
 - AEIOU to remember some indications: acidosis, electrolyte abnormalities (exp: hyperkalemia), ingestions (exp: ethylene glycol), Overload (severe, pulmonary edema), uremia (encephalopathy, pericarditis)