

# Acute Renal Failure/Acute Kidney Injury Top Ten Checklist

TOP TEN EVIDENCE BASED INTERVENTIONS				
PROCESS CHANGE	IN PLACE	NOT DONE	WILL ADOPT	NOTES (RESPONSIBLE AND BY WHEN?)
Implement a standardized ARF/AKI risk assessment tool with risk-driven interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consider using the Risk Injury Failure Loss ESRD (RIFLE) classification for AKI to standardize diagnoses and create consensus for action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ensure consultations with a specialist and/or the pharmacists for patients who are identified as being at risk for AKI.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
To decrease the risk of injury, implement a standard protocol for patients who are at risk for AKI prior to performing studies requiring nephrotoxic contrast; use pre & post procedure isotonic hydration, lower osmolar contrast agent, lower doses of contrast, N-Acetylcysteine administration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Establish guidelines with pharmacy partners for nephrotoxic drugs and medications that require adjustments for renal insufficiency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Promote adequate hydration of patients at risk for renal injury: e.g. the elderly, patients with DM and increased Cr., patients admitted with infections, patients with a history of cardiac or vascular surgery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Develop patient and family education and tracking system for patients who are identified as "at risk" for AKI or who developed AKI during hospitalization to promote outpatient monitoring and identification for subsequent admissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Establish a system to ensure renal replacement therapy (RRT) after AKI is diagnosed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Develop and implement a protocol to follow up patients who exhibit renal recovery (i.e. are not on dialysis at discharge) for the development of chronic renal failure and an increased risk of readmission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Develop a system for seamlessly transitioning patients who require hemodialysis post-discharge to an outpatient center/facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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