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## A simple mnemonic and visual aid can improve care for patients with AKI

### Introduction

- Acute kidney injury (AKI) affects 20% of hospital admissions (1), is associated with 17% 30 day mortality (2).
- There is increasing evidence that prompt recognition and appropriate management are poor (2).
- Orthopaedic patients, often suffering peri-operative blood loss and dehydration, are at high risk of developing AKI (3).

### Aims

- To assess compliance to best practice guidelines at a major trauma centre and to evaluate the improvement of care with the introduction of a new AKI care bundle.

Improving the care and outcomes for patients with AKI

- U** Urinalysis  
**N** Nephrotoxic review  
**D** Dehydration → Fluids  
**O** Obstruction → USS  
**M** Monitor IP/OP & Bloods  
**E** Escalate if deteriorates



	Pre-intervention	Post-intervention	P-value
Daily AKI review	27%	59%	0.01
Daily fluid monitoring	29%	59%	0.018
Maintenance fluid	53%	89%	0.004
Urine analysis	12%	48%	0.001

### Method

- Data was collected from 49 orthopaedic patients developing an AKI over a 5-week period in the Northern General Hospital, Sheffield. Individuals were identified using creatinine results, and data collected from electronic observations, fluid charts and notes.
- An AKI care bundle was introduced in the form of ward posters and note stickers. A re-audit was then performed on 27 patients with AKI to evaluate the impact of our intervention.

### Conclusion

- The AKI care bundle led to an overall improvement in adherence to the AKI best practice guidelines.
- Our results did not show an overall reduction in the number of days to recovery from AKI
- Future audit cycles should aim to include larger numbers in order to demonstrate significance across more areas.

### References

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