VANDERBILT UNIVERSITY MEDICAL CENTER
DIVISION OF TRAUMA AND SURGICAL CRITICAL CARE

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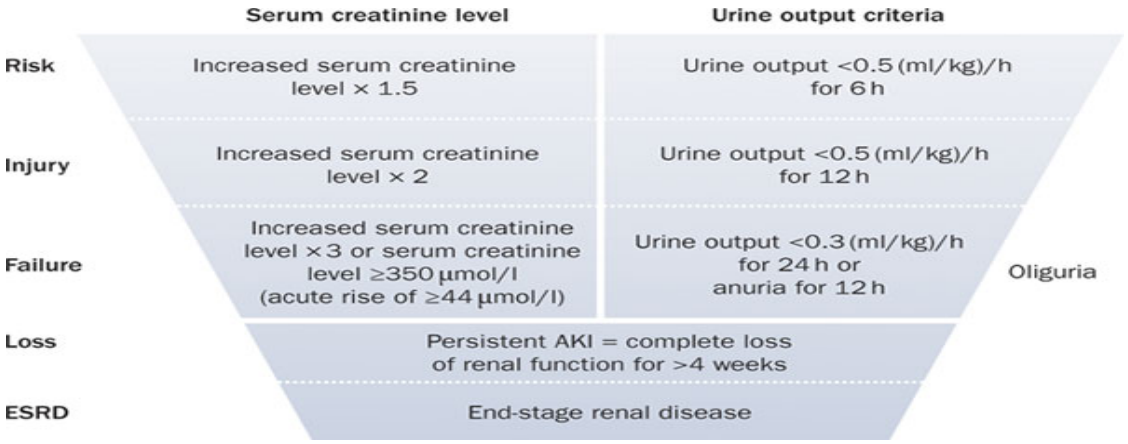
Acute Kidney Injury – Revised 5/10/2011

A. In the setting of acute kidney injury (RIFLE criteria listed below), initial treatment begins with assessing volume status.
B. Euvolemia should be achieved.
C. If adequate perfusion to the kidneys is still not achieved, use of pressors should be considered with levophed and vasopressin.
D. Adjust dosing of medications requiring renal clearance or are renal toxic.
E. If contrast is necessary for further diagnostics, consider:
    a. Utilize IV hydration with 0.9% NSS
    b. D5W + 3 amps of HCO3 at 3cc/kg/hr x 1h (1h prior to contrast load) then 1cc/kg/h x 6h **(Radiocontrast media protection ORDER SET)**
    c. Acetylcysteine 600mg PO/PT Q12h on day of contrast and next day. **(Radiocontrast media protection ORDER SET)**
F. When to initiate a nephrology consult and/or dialysis is not certain. However some simple indications include:
    a. Volume overload
    b. Severe Hyperkalemia (>5.9)
    c. Severe metabolic acidosis (<7.20)
    d. Drug overdose
    e. Severe uremia



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