

ACUTE RENAL FAILURE/ACUTE KIDNEY INJURY

When there is a diagnosis of renal failure and/or acute kidney injury which does not have two or more of the following clinical criteria documented consider the following:

Clinical Indicators for Renal Failure:

- Increased BUN
- Increased Creatinine:

According to KDIGO, AKI is defined by any of the following:

- Increase in serum creatinine by ≥ 0.3 mg/dL (≥ 26.5 micromol/L) within 48 hours; or
- Increase in serum creatinine to ≥ 1.5 times baseline, which is known or presumed to have occurred within the prior seven days; or
- Urine volume < 0.5 mL/kg/h for six hours

When baseline Creatinine is unknown, KDIGO advises: "The lowest SCr [Creatinine level] obtained during a hospitalization is usually equal to or greater than the baseline. This SCr should be used to diagnose (and stage) AKI."

- Decreased creatinine clearance
- Oliguria or anuria
- Metabolic acidosis
- Decreased GFR
- Electrolyte abnormalities
- Abnormal urinalysis

Guidelines for applying the AKI criteria:

- The ≥ 0.3 criterion can only be applied prospectively when the baseline has been measured within the preceding 48 hours. It requires two separate measurements within 48 hours.
- The 1.5 times baseline criterion can only be used prospectively and retrospectively with broad interpretation of the baseline level which may be one from 6 months or even 1 year previously.
- The urine output criterion of < 0.5 ml/kg/her for 6 hours is based on weight; for example, < 200 ccs over 6 hours for a patient who weighs 150 lbs.

** The term ARF is now typically reserved for severe AKI, usually implying the need for renal replacement therapy (uptodate.com). Please be consistent in terminology /diagnoses documented unless implying a worsening of the patient's renal condition.

Based on the above documentation, and if, in your professional judgment, the more specific diagnosis/condition explains the resources used and/or correlates to the above findings, please document the diagnosis that accurately reflects the patient's condition, OR if it does not accurately reflect the patient's condition, document a more appropriate diagnosis in your progress note.