Diagnosis 1

- Introduced by the Acute Kidney Injury Network (AKIN), specific criteria exist for the diagnosis of AKI:
  - Rapid time course (less than 48 hours)
  - Reduction of kidney function
    - ↑ in serum Cr, defined by either:
      - Absolute ↑ in serum Cr of ≥ 0.3 mg/dl (≥26.4 μmol/l)
      - Percentage ↑ in serum Cr of ≥50%
    - ↓ in urine output, defined as < 0.5 ml/kg/h for > 6 hours
The following urinary indices may be helpful provided no diuretic have been given:

<table>
<thead>
<tr>
<th>TEST</th>
<th>Pre-renal</th>
<th>Renal</th>
<th>Post-renal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urine Osmolality (mosmol/kg)</td>
<td>&gt;400 – 500</td>
<td>&lt;350</td>
<td>Variable</td>
</tr>
<tr>
<td>Urine/P Cr ratio</td>
<td>&gt;40</td>
<td>&lt;20</td>
<td>&lt;20</td>
</tr>
<tr>
<td>Urine Na (mmol/L)</td>
<td>&lt;20</td>
<td>&gt;40</td>
<td>Variable</td>
</tr>
<tr>
<td>FENa</td>
<td>&lt;1%</td>
<td>&gt;2%</td>
<td>Variable</td>
</tr>
</tbody>
</table>

FENa = \([(U_{Na} \times P_{Cr})/(P_{Na} \times U_{cr})]\) \times 100
Pay urgent attention and treat the following early:

- Hyperkalaemia – $K^+ > 6.5$ mmol/L
- Metabolic acidosis
- Htn
- Shock
- Fluid overload
- Hypocalaemia
- Hypo/hypernatraemia