

Focused assessment of the sick patient with possible acute kidney injury

History

Ask the patient whether they have been passing a normal volume of urine; check past medical and drug history

Early warning score observations

Look for relative hypotension

- Remember ≥ 30 bpm rise in standing heart rate (HR) is the most sensitive sign of hypovolaemia²⁹ (so do lying and standing HR as well as BP)

- Hypernatraemia in the elderly is best indicated by reduced consciousness and/or loss of forearm/subclavicular skin turgor (recoil takes ≥ 3 sec after 3 sec of pinching)³⁰

Cardiovascular examination

Check for oedema

Chest examination

Assess for infection or pulmonary oedema

Abdominal examination

Check for abdominal mass or palpable bladder

Be alert for signs of other organ disease

Signs may indicate multisystem disease (e.g. non-blanching purpuric rash in vasculitis)

Urinalysis

If possible check for presence of blood and protein ($> 1+$ of both on dipstick), indicative of glomerulonephritis

Weight
