

## Acute Renal Failure (ARF) / Acute Kidney Injury (AKI)

**DEFINITION:** Increase in Serum Creatinine by  $\geq 0.3$  mg/dl ( $\geq 26.5$   $\mu$ mol/l) above the patient's baseline level within 48 hours

**OR**

Increase in Serum Creatinine to  $\geq 1.5$  times the patient's baseline level, which is known or presumed to have occurred within the prior 7 days

**OR**

Urine volume  $< 0.5$  ml/kg/h for 6 hours

The patient's **Baseline Creatinine** is defined as the **lowest** creatinine value recorded for that patient in the preceding 3 months.

- **Note:** If no baseline Serum Creatinine exists for your patient, the criteria are met if the patient's Serum Creatinine **decreases** by these same amounts during their hospitalization.
- When a change in a patient's Serum Creatinine level meets these criteria, it is more than just 'dehydration', 'azotemia', or 'acute renal insufficiency' and should be documented as 'Acute Renal Failure' or 'Acute Kidney Injury' to more accurately capture your patients' severity of illness.
  - Please DO NOT use the terminology of Acute Kidney Injury unless these criteria for the diagnosis Acute Renal Failure are met.
  - The terminology of Acute Renal Insufficiency should only be used for increases in Serum Creatinine that DO NOT meet these criteria.

Reference: <https://kdigo.org/wp-content/uploads/2016/10/KDIGO-2012-AKI-Guideline-English.pdf>