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| **Facility defined Clinical Indicators for Renal Failure** |

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| Patients here at Penn State Health Milton S. Hershey Medical Center must meet the following clinical indicators as established by our Clinical Indicators Committee in order to diagnose **Renal Failure.** Please include the clinical indicator documentation within the medical record. If indicators are not present, findings to support the diagnosis must be documented within the medical record. **Renal Failure** may be assigned as a principal diagnosis when it is the condition established after study to be chiefly responsible for occasioning the admission to the hospital.**Renal Failure** may be assigned as a secondary diagnosis if it occurs after admission or if it is present on admission but does not meet the definition of principal diagnosis.**Acute kidney injury (AKI)**  The abrupt decrease in kidney function, resulting in the retention of urea and other nitrogenous waste products and in the dysregulation of extracellular volume and electrolytes. **KDIGO Criteria –** one or more of the following:* + Cr increase ≥0.3 mg/dl from measured baseline within 48 hrs
	+ Cr increase ≥ baseline (measured or historical) within the prior 7 days
	+ Urine output <0.5 ml/kg/hr for 6 hrs or more

 **Acute Tubular Necrosis (ATN)**Prolonged or severe ischemia to kidney that results in histologic changes to nephrons, with denuding of the epithelium and occlusion of the tubular lumen by casts and cell debris.* + Prolonged prerenal state, surgery, sepsis, shock, obstetric complications, nephrotoxins, IV contrast, rhabdomyolysis
	+ Prerenal + ATN – 65 -75% of hospital AKI cases

 Diagnosis:Urinalysis: presence of granular (muddy brown) casts, epithelial casts/cellsFeNa (FeUrea), urine Na+ concentration usually highResponse to fluid repletion: AKI persists > 72 hrs Must have granular casts in urine to diagnose ATNUsually FeNa/Urea is high, but can be low or normal if earlyUsually takes >72 hrs to respond to fluid repletion**Chronic Kidney Disease** Kidney damage for ≥3 months, as defined by structural orfunctional abnormalities of the kidney, with or without decreased GFR orGFR <60 mL/min/1.73m2 for ≥3 months, with or without kidney damage.*Am J Kidney Dis 2002; 39:S1*

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| Stages | GFR |
| Stage 1 | >90 |
| Stage 2 | 60-89 |
| Stage 3 | 30-59 |
| Stage 4 | 15-29 |
| Stage 5 | <15 |
| ESRD | Needs dialysis |

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