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# **NURSING MANAGEMENT OF AKI AND CKD RELATED EMERGENCIES USING THE NURSING PROCESS.**

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# Definition

AKI is defined as a sudden and usually reversible decrease in kidney function as measured by the GFR.

Classification depends on a number of criteria but most use the increase in creatinine and a reduction in urine output of less than 0.5ml/kg/hr for six consecutive hours.

CKD is the presence of Kidney Damage persisting for 3 months or more irrespective of cause. This is usually dependent on the glomerular filtration rate.

# Nursing Process

This is a systematic approach to client based care using five sequential steps.

That is Assessment, Diagnosis, Planning, Implementation and Evaluation.

# Assessment

The nurse must take a detailed history from the patient and conduct a physical exam.

It is important to always take the vital signs as well especially orthostatic vital signs.

History and Physical Examination can give a clue on the possible causes of the AKI and whether it is pre-renal, renal or post renal.

# Diagnosis

The nursing diagnoses that can be picked up from a patient with AKI or CKD related emergencies are numerous.

Using the NANDA recommended problem, etiology and defining characteristics we can come up with the following examples;

‘Neurological impairment related to increased urea as evidenced by aggression and confusion’

Anuria, Oliguria, Shortness of Breath etc

# Planning, Evaluation and Implementation.

- .Monitor Vital Signs depending on severity of the condition.
- .Monitor Output and Input by the hour or at least two hourly.
- .Monitor mental status changes and level of consciousness.
- .Daily Patient weights
- .Administer drugs as prescribed and ensure renal dosage and dilution.
- .Patient Education on the condition as well as the nutrition. Encourage a renal diet.
- . Assess periorbital and dependent oedema.
- . Escalate emergencies appropriately.
- . Labs as ordered.
- . Assess heart sounds.
- .12 Lead ECG.

# Warning Signs

- .Confusion
- .Urine Output less than 0.5ml/kg/hr
- .Hypotension
- .Shortness of Breath
- .Extreme nausea and vomiting
- .Itching Skin.

**END.**

**THANK YOU FOR LISTENING.**



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