AKI Evaluation Checklist

Prerenal, intrinsic and postrenal framework

Renal	PHYSICIAN REFERENCE

Confirm

- Trend creatinine and urine output; establish baseline and timing.

Look for cause

- Hemodynamics/volume, sepsis, nephrotoxins, urinalysis/sediment, obstruction risk; ultrasound when indicated.

Manage

- Treat cause, optimize perfusion, stop/adjust nephrotoxins and renally cleared drugs, monitor K/acid-base/fluid status. Dialysis indications are clinical.

Clinical safety note

Use this as a memory aid, not a prescription. Verify current guidelines, local protocols, contraindications, renal/hepatic dosing, pregnancy status, interactions and patient-specific factors before treatment.