

'STOP' AKI and Checklist

The London AKI Network has Developed the 'STOP' Acronym to Improve Awareness of AKI Causes



Sepsis & hypoperfusion Toxicity Obstruction Primary renal disease

Patient Name:

No: DOB:

SEPSIS & HYPOPERFUSION

	YES	NO	N/A
Severe Sepsis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haemorrhage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dehydration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liver Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renovascular Insult (E.G. Aortic Surgery)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOXICITY

	YES	NO	N/A
Nephrotoxic Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iodinated Radiological Contrast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OBSTRUCTION

	YES	NO	N/A
Bladder Outflow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tumour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Ligation Of Ureters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extrinsic Compression (E.G. Lymph Nodes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retroperitoneal Fibrosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PRIMARY RENAL DISEASE

	YES	NO	N/A
Glomerulonephritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tubulointerstitial Nephritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhabdomyolysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haemolytic Uraemic Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myeloma Kidney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Malignant Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signed:

Date:

Position:

Fix patient sticker here