Nephrocheck Test Results Interpretations

A value of <0.3 represents a negative test.

AKIRISK	Risk of Severe AKI (doubling of serum creatinine or 12 hours of oliguria)	Action Suggested
<0.3	Low Risk (<5%) [1,2]	Continue standard ICU care
0.3 to 2.0	Intermediate Risk (15-25%)[1,2]	Optimize ICU care to minimize further risk of AKI
>2.0	High Risk (40-66%)[1,2]	Institute Maximal Kidney Protective Care to prevent further risk of AKI

References:
1. Hoste et al. Nephrol Dial Transplant. 2014 Nov;29(11):2054-61
2. Kashani et al. Crit Care. 2013 Feb 6;17(1):R25.

If the value is less than 0.3

- Continue standard care- this includes lab checks as clinically needed
- Strongly urged to d/c bladder catheter if clinically appropriate
- No restrictions on nephrotoxins (e.g. NSAIDs, Contrast, Aminoglycosides, RAS blockers).
- Liberal use of IV fluids and diuretics – with normal concern for volume overload
- No need to discuss drug dosing with the primary pharmacist specifically around AKI, dosing may be needed in the setting of CKD

If value between 0.3 and 2.0

- Maintain urinary catheter with strict I/O's recorded
- Consider increasing renal function and electrolyte checks to q8-12 hours as clinically warranted
- Consider discussing drug dosing changes with the pharmacist in the setting of potential AKI (e.g. check drug levels when feasible)
- Attempt to optimize renal hemodynamics / volume status through judicious use of Colloids and/ or Crystalloids or Diuretics
- Send a urinalysis with strong consideration to sending Urinary electrolytes (Sodium, creatinine and urea)
- Minimize / Eliminate exposure to nephrotoxins (e.g. NSAIDs, Contrast, Aminoglycosides, ACE-I/ ARB).
- Consider rechecking TIMP2*IGFBP7 (Nephrocheck) in 12-24 hours

If value greater than 2.0

- Maintain urinary catheter with strict I/O's recorded
- Strongly consider nephrology consultation (if not already in place)
- Increase renal function and electrolyte lab checks to q8-12 hours as clinically warranted

- Discuss dosing changes with the Pharmacist in the setting of potential AKI (checking drug levels when feasible / appropriate)
- Optimize hemodynamics / volume status through judicious use of Colloids and/ or Crystalloids and/or Diuretics (consider avoiding hyper-chloremic solutions such as 0.9% normal saline)
- Send a urinalysis and Urinary electrolytes (Sodium, creatinine and urea)
- Ensure no further exposure to nephrotoxins (e.g. NSAIDs, Contrast, Aminoglycosides, RAS blockers).
- Recheck TIMP2*IGFBP7 (Nephrocheck) in 12-24 hours

Reviewed and Approved by:

2-14-17

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