Nephrocheck Test Results Interpretations

A value of <0.3 represents a negative test.

<table>
<thead>
<tr>
<th>AKIRISK</th>
<th>Risk of Severe AKI (doubling of serum creatinine or 12 hours of oliguria)</th>
<th>Action Suggested</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;0.3</td>
<td>Low Risk (&lt;5%)&lt;sup&gt;1,2&lt;/sup&gt;</td>
<td>Continue standard ICU care</td>
</tr>
<tr>
<td>0.3 to 2.0</td>
<td>Intermediate Risk (15-25%)&lt;sup&gt;1,2&lt;/sup&gt;</td>
<td>Optimize ICU care to minimize further risk of AKI</td>
</tr>
<tr>
<td>&gt;2.0</td>
<td>High Risk (40-66%)&lt;sup&gt;1,2&lt;/sup&gt;</td>
<td>Institute Maximal Kidney Protective Care to prevent further risk of AKI</td>
</tr>
</tbody>
</table>

References:

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

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Date: ___________________
2-14-17

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Date: ___________________
2-15-17

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Date: 2-16-2017