



## ANZSN Renal Unit COVID-19 Acute Kidney Injury (AKI) Preparedness Checklist

This checklist is for use by renal unit senior management teams in Australia and Aotearoa New Zealand to assist in considering key components of COVID-19 contingency planning for their units/hospitals.

The checklist is for general information only and is not a list of mandatory requirements.

It is recognised that each unit will have specific circumstances and challenges that will require local solutions. The topics in this checklist are intended to cover major themes that should be considered.

Please refer to the important notice at the end of the checklist.

Status	Completed	In Progress	Not Started	Not Applicable
<b>Meet/Liaise with ICU to determine management plan for AKI</b>				
Consider when ICU will manage CRRT and if this differs from current practice?				
Determine ICU capacity for CRRT &/or SLED				
Consider which circumstances will Intermittent HD be used and if this differs from current practice				
Evaluate access to water in the ICU or other high dependency care areas to enable HD				
Consider how ICU plans to cohort COVID-19 confirmed/suspected patients requiring dialysis.				
Review which negative pressure rooms are available (if needed) and do they have water ports?				
Does ICU have adequate supplies of consumables for CRRT/SLED?				
Is there a plan for the transition of care of the dialysis dependent AKI patient discharged from ICU?				
<b>What capacity the renal unit has for Intermittent HD for AKI?</b>				
Determine whether HD can be performed in designated COVID-19 ward(s)? (water access, isolation, cohorting of staff, clinical COVID-19 expertise etc.)				
Are suitable safe transport routes and procedures in place to move COVID-19 patients to and from the dialysis unit?				
Assess use and capacity of portable RO's				
Assess use and capacity of spare HD machines				
Assess capacity of dialysis staff to provide dialysis out of the usual haemodialysis unit?				
Does the renal unit have adequate supplies of consumables?				

Status	Completed	In Progress	Not Started	Not Applicable
<b>Managing COVID-19 pts in the dialysis unit</b>				
Plan for cohorting of COVID-19+ patients with AKI				
Isolation/Infection control protocols in place?				
Staff adequately trained?				
<b>Other Issues</b>				
Vascular access placement in COVID-19 positive patients - access to non-tunnelled and tunnelled central line				
Acute PD – capacity for peritoneal dialysis catheter insertion in COVID-19 confirmed/suspected patient				
Acute PD – protocol established to perform acute PD?				
Acute PD – staff trained and sufficient capacity to enable acute PD?				
Nephrology follow-Up procedures in place for AKI patients once discharged home?				
Consider mechanisms to ensure non-nephrology staff are aware of the risk of AKI and related referral practices/processes				

### Abbreviations

ICU – Intensive care unit  
 IHD – Intermittent haemodialysis  
 HD - haemodialysis  
 PD - peritoneal dialysis  
 CRRT – continuous renal replacement therapy  
 SLED - Sustained low efficiency dialysis  
 RO – (portable) reverse osmosis units

### Important Notice

*This checklist has been developed by the Australian and New Zealand Society of Nephrology (ANZSN) for the information of Australian and New Zealand renal units to support their COVID-19 contingency planning.*

*The COVID-19 pandemic is rapidly evolving, and there is currently limited information about the COVID-19 disease aetiology or treatment. Application or use of this checklist is to be considered in this context.*

*The ANZSN has made reasonable efforts to ensure that the information in this checklist is as accurate as possible, however ANZSN does not in any way guarantee or warrant the accuracy, completeness, currency or source of any material in this checklist.*

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*Each health service or organisation operating a renal unit is responsible for ensuring and assuring its own COVID-19 preparedness. This checklist in no way overrides advice or directives issued by, or applicable in, any health service responsible for the operation of a renal unit. Where there appears to be any inconsistency between this checklist and any such advice or directive, clarification should immediately be sought from the relevant governance authority for the health service, and if an inconsistency is confirmed, the specific advice or directive applicable in that health service prevails.*

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