

**Harvard Medical School Department of
Continuing Education and the Renal Division
of Brigham and Women's Hospital**



Nephrology Rounds
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Epidemiology, Outcomes, and Diagnosis of Acute Kidney Injury

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Objectives:

This issue of *Nephrology Rounds* will allow the reader to:

- Understand the key epidemiologic features of acute kidney injury (AKI), including incidence, mortality, and risk factors.
- Recognize that even small increases in serum creatinine (SCr) are associated with a significantly increased risk of death.
- Appreciate that the definition of AKI is changing to incorporate increases in SCr >0.3 mg/dL.
- Realize the limitations of SCr as a biomarker of AKI.

Questions:

1. Epidemiologic studies from 1988 and 2002 estimated the incidence of AKI in hospitalized patients to be 4.9% and 7.2%.
True False
2. The most common cause of AKI in the Program to Improve Care in Acute Renal Disease Cohort (PICARD) was pre-renal azotemia.
True False
3. The International Classification of Diseases 9th edition, Clinical Modification (ICD-9-CM) codes for acute renal failure have high sensitivity and low specificity.
True False
4. The ICD-9-CM codes for acute renal failure are more accurate in patients with severe AKI requiring dialysis.
True False
5. Administrative databases have revealed that over the past decade the annual incidence of AKI has increased.
True False
6. Administrative databases have demonstrated that over the past decade the mortality associated with AKI has increased.
True False
7. Compared with no change in serum creatinine, an increase of 0.3 mg/dL during hospitalization is associated with a 70% increased risk of death.
True False

8. Chronic kidney disease is a risk factor for developing AKI, and increases the risk of in-hospital mortality after AKI.

True

False

9. An increase in SCr of 0.3 mg/dL within 48 hours is considered by the AKI Network to be sufficient for a diagnosis of AKI.

True

False

10. The interventional study of atrial natriuretic peptide for AKI, published in the *New England Journal of Medicine* in 1997, indicated that there was a benefit from atrial natriuretic peptide in the treatment of acute tubular necrosis.

True

False

11. This issue of *Nephrology Rounds* adequately addressed the topic, and the data and discussion were fair and balanced.

AGREE

DISAGREE

12. Potential conflicts of interest disclosed by the author on the back page were properly expressed.

AGREE

DISAGREE

13. The information presented in this issue of *Nephrology Rounds* will increase my clinical knowledge and improve the care of my patients.

AGREE

DISAGREE

14. *Nephrology Rounds* from Brigham and Women's Hospital and Harvard Medical School is an effective CME program.

AGREE

DISAGREE

Comments/Topic Suggestions: _____

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