

Annex 13A. Kidney Disease Improving Global Outcomes: Criteria for AKI Severity

Supplementary material for: Dirks, J., S. Anand, B. Thomas, G. Remuzzi, M. Riella, and others. 2017. “Kidney Disease.” In *Cardiovascular, Respiratory, and Related Disorders* edited by D Prabhakaran, S Anand, TA Gaziano, J-C Mbanya, Y Wu, and R Nugent. Volume 5 of *Disease Control Priorities, third edition*. Washington, DC: World Bank.

AKI Stage	Definition		Treatment	Incidence (%)*
	Serum creatinine	Urine (ml/kg/hr)		
Risk	1.5x increase in creatinine	< 0.5ml/kg/h for 6 hours	Treatment of underlying cause of AKI	11.5
Injury	2x increase in creatinine	< 0.5ml/kg/h for 12 hours	Treatment of underlying cause of AKI	4.8
Failure	3x increase in creatinine OR > 0.5mg/dl if baseline creatinine is higher than 4.0mg/dl	< 0.3 ml/kg/h for 24 hours OR anuria for 12 hours	Treatment of underlying cause of AKI AND renal replacement therapy provision: - conventional hemodialysis OR - low-flow dialysis therapies OR - peritoneal dialysis	4.0
Loss End-stage	Loss of complete renal function > 4 weeks End-stage renal disease		Renal replacement therapy	2.3

Sources: * Incidence calculated using random effects model meta-analysis of pooled studies, data from Susantitaphong, P., D. N. Cruz, J. Cerda, M. Abulfaraj, F. Alqahtani, and others. 2013. “World Incidence of AKI: A Meta-Analysis.” *Clinical Journal of the American Society of Nephrology* 8 (9): 1482–93.
Note: AKI = acute kidney injury.