VIDAS® NEPHROCHECK®

HELPING YOU BETTER MANAGE AKI IN THE ICU

The VIDAS® NEPHROCHECK® test provides early information about kidney stress in acutely ill patients.

REFINING ICU PRACTICE

When AKI is a possible risk, the sooner you know that something is wrong, the better clinical strategy you may adopt 16.

Reveal kidney stress early:
- Identify patients at high risk for AKI within 12 hours of assessment
- Rule out patients with confidence or adapt treatment using goal-directed protocols

Drive better outcomes:
- Implement early renal protective actions to reduce AKI frequency and severity
- Reduce LOS 11 and extra costs associated with moderate/severe AKI management 11

AN EARLY WARNING SIGNAL

How does VIDAS® NEPHROCHECK® detect kidney stress before significant damage occurs 17?

vidas® nephrocheck® is a marker that is specific for AKI and is not influenced by the presence of acute conditions or chronic comorbidities.

VIDAS® NEPHROCHECK®, allowing you to easily manage your samples in your routine activity.

Because it makes sense on VIDAS®

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Discover the VIDAS® NEPHROCHECK® story on our dedicated Web Page

AVAILABE ON VIDAS® 3

BECAUSE IT MAKES SENSE ON VIDAS®

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REFERENCES

10. Engelman, et al. B•R•A•H•M•S PCT™ is the property of Thermo Fisher Scientific Inc. and its subsidiaries. Any other name or trademark is the property of its respective owner.
15. KDIGO.com / org.
**Did you know?**

AKI occurs in 13.3 million people every year.

More than 50% of ICU patients have AKI.

Hospital Mortality rate is 28% to 57% in sepsis patients with AKI.

**In the ICU**: how can you preserve your patient’s renal function?

Acute Kidney Injury (AKI) is one of the most common syndromes in ICU patients and there is no direct treatment. Every day, clinicians make important decisions to save their patients’ lives. Aggressive treatments may be needed, which sometimes include nephrotoxic agents. When limited information is available to monitor the kidney status, they may lead to a rapid loss of kidney function (typically within 48 hours).

Commonly used indicators, e.g. serum creatinine and urine output, are known to be lagging:

- They may be normal when kidney damage has already occurred.
- They can be complex to measure and interpret.

“Patients with AKI are more likely to develop other post-op complications”

With a high prevalence of post-operative complications, ICU LOS** is longer with AKI. Each re-hospitalization costs the health care system approximately $9,000, totaling over $40 million per year. Survivors of an AKI hospitalization experienced a more than 50% higher risk of being readmitted to the hospital in the subsequent 30 days compared with matched patients without AKI.

What if you could improve patient outcomes and support hospital cost optimization?

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AKI: a heavy impact on hospital costs

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