In many instances of AKI, the infant or child is already critically ill with the precipitating disorder, and the explanation for development of oliguria may or may not be readily apparent (Box 26-5). When a previously well child develops AKI without an obvious cause, a careful history is taken to reveal symptoms that may be related to glomerulonephritis, obstructive uropathy, or exposure to nephrotoxic chemicals (e.g., ingestion of heavy metals, inhalation of organic solvents, or medications such as vancomycin, aminoglycosides, or nonsteroidal antiinflammatory drugs) known to be toxic to the kidneys (Blatt and Liebman, 2013). Significant laboratory measurements during renal failure that serve as a guide for therapy are BUN, serum creatinine, pH, sodium, potassium, and calcium.

Box 26-5

Clinical Manifestations of Acute Kidney Injury

Specific:

- Oliguria
- Anuria uncommon (except in obstructive disorders)

Nonspecific (may develop):

- Nausea
- Vomiting
- Drowsiness
- Edema
- Hypertension