**available on VIDAS® 3**

**because it makes sense on VIDAS®**

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

**Vidas® Acute and Critical Care Panel**
- NEPHROCHECK®
- B•R•A•H•M•S PCT™
- CK-MB, High-sensitive
- NT-proBNP2
- D-Dimer Exclusion™ II
- B•R•A•H•M•S PCT™
- Myoglobin

**Available on VIDAS® 3**

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

**Reveal kidney stress early:**
- Identify patient at high risk for AKI within 12 hours of assessment
- Rule-out patient to confidence or adapt treatment using goal-directed protocols
- Implement early renal protective actions to reduce AKI frequency and severity
- Reduce LOS and extra costs associated with moderate/severe AKI management

**An Early Warning Signal**
How does VIDAS® NEPHROCHECK® detect kidney stress before significant damage occurs?

- Innovative urinary biomarkers markers, in combination, in AKI risk assessment
- Specific to AKI
- Expressed in tubular cells in response to kidney stress
- Stress defined as G1 cell cycle arrest, to prevent cells with possible damage from dividing

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

**References**
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 rates from 28% to 57% in sepsis patients with AKI.

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### 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.

*Intensive Care Unit. **Length Of Stay.

"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?**

**AKI: a heavy impact on hospital costs**

Today, an innovative test detects kidney stress even before the damage occurs, when intervention can still make a difference.

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