



* After randomisation, indications to commence KRT may subsequently develop and in these situations KRT may be initiated at the discretion of the treating clinician. As a guide, KRT may be considered where at least two of the following criteria are present:

1. urine output < 0.3 mL/kg/h for at least 24 hours;
2. arterial pH < 7.25 despite adequate volume resuscitation, or in the intervention group an arterial pH < 7.25 after adequate administration of sodium bicarbonate (defined as sodium bicarbonate treatment for 24 hours or administration of the maximum 500ml/24hours, as per algorithm above);
3. hyperkalaemia (serum potassium > 6.5 mmol/L);
4. fluid overload intractable to diuretics.