Guidance notes for Primary Care

Acute Kidney Injury (AKI): No previous result: recognise, review, respond. Adult ≥ 18 years

NHS Oxfordshire Clinical Commissioning Group

Key Read Codes:
K04.|12Hq7|C|Acute kidney injury
K04C.|00HqU|C|Acute kidney injury stage 1
K04D.|00HqV|C|Acute kidney injury stage 2
K04E.|00HqW|C|Acute kidney injury stage 3

You have received a warning alert for potential AKI: patients with chronic comorbidities especially heart failure, chronic kidney disease, diabetes, or frailty, are at high risk of AKI; patients with acute severe illness may have AKI. AKI is associated with potentially avoidable morbidity and mortality.

AKI "no recent" Result		
Recognise →	**Review/Recall patient within the specified time frame →**	**Respond →**
For example: Raised creatinine without any previous result in the past 12 months	Is this a visiting patient with known CKD? If so, is the eGFR within 10% of baseline, or a dialysis patient? If so no action is needed If not, please review - If creatinine <200 µmol/L, review within 48 hours, else within 24 hours* **Clinical Assessment:** 1. Fluid status, i.e. for hypotension or reduction in urine output (fluid depletion); or any peripheral oedema, pulmonary oedema or pleural effusion, raised JVP (fluid excess) 2. Urine dipstick (infection, blood, protein, SG) 3. Is there any other infection as the cause of AKI - consider commencing antibiotics **Medication changes to consider:** Stop NSAIDs. Diuretics may need to be reduced if patient dehydrated **In addition, if creatinine is >200 µmol/L and patient is clinically unwell** (i.e. likely to have AKI), consider 1. Excluding a palpable bladder 2. Stopping ACEi/ARB, Metformin. 3. Stopping diuretics unless fluid overloaded. 4. Suspending or reducing doses of opiates, gabapentin/pregabalin, benzodiazepines, insulin, sulfonylureas, digoxin, allopurinol, and anticoagulants (all risk accumulation) [this is not an exhaustive list – if uncertain seek further advice]	If known CKD and eGFR >10% above baseline, or no known CKD, please repeat U+E within 48-72 hours If AKI likely and creatinine >200 µmol/L, consider seeking advice from secondary care, as follows: **Call Renal Registrar if any of:** • CKD stage 5 • Kidney transplant • Creatinine >500 µmol/L • Potassium >7 mmol/L **Call Urology Registrar:** If strong suspicion of obstruction **Call Medical Registrar:** If creatinine >200 µmol/L and likely AKI

*To arrange a next day OOH review please phone 01865 903339. If the patient will require bloods then please refer to EMU or an acute Trust

If pregnant, and this blood test is from booking, then contact obstetrics; if in later pregnancy then contact Maternity Assessment Unit on 01865 220221

For more Information, see Think Kidneys Primary Care guidelines: https://www.thinkkidneys.nhs.uk/aki/wp-content/uploads/sites/2/2016/10/RespondingtoAKI-Warning-Stage-Test-Results-for-Adults-in-Primary-Care.pdf