Top Tips Two

1. Audits to check the performance of the algorithm are encouraged. Local audits focused on clinical effectiveness as assessed by case note review need to be clear on the criteria used to define clinical AKI.

2. Ensure that AKI warning grade test results are flagged as abnormal test results in GP systems. Your local GP systems need to embed a reference range of ">0"

3. Agree with users how and in what circumstances AKI warning grade test results trigger Interruptive Alerts

4. AKI detection is not a complete response to AKI; to be an effective tool, it needs to be combined with good alerting (method by which the AKI Warning stage results are communicated to clinicians), education and other Trust wide AKI initiatives. Please see the Think Kidneys website for examples

5. Check that the algorithm is performing correctly for those patients with a high creatinine but without any previous results to use a baseline