

Table1. Acute Kidney Injury: Recommended response times to AKI Warning Stage Test Results for Adults in Mental Health facilities

AKI Warning Stage Test Result Confirm or refute automated AKI Test Result by comparing patient’s current creatinine within clinical context against baseline creatinine	Clinical Context Within Which Blood Test Taken# If clinical context is unknown, then assume high pre-test probability until proven otherwise	
	LOW Pre-test Probability of AKI Stable Clinical Context	HIGH Pre-test Probability of AKI Context of Acute Illness
AKI Warning Stage 1 Current creatinine ≥ 1.5 x baseline level (or creatinine rise >26 $\mu\text{mol/L}$ 48 hrs)	Consider clinical review ≤ 72 hours of e-alert* If AKI confirmed \rightarrow manage as per table 2	Consider clinical review ≤ 24 hours of e-alert* Likely Stage 1 AKI \rightarrow manage as per table 2
AKI Warning Stage 2 Current creatinine ≥ 2 x baseline level	Consider clinical review ≤ 24 hours of e-alert* If AKI confirmed \rightarrow manage as per table 2	Consider clinical review ≤ 6 hours of e-alert* Likely Stage 2 AKI \rightarrow manage as per table 2
AKI Warning Stage 3 Current creatinine ≥ 3 x baseline level (or creatinine 1.5 x baseline and >354 $\mu\text{mol/L}$)	Consider clinical review ≤ 6 hours of e-alert* If AKI confirmed \rightarrow consider admission	Consider Immediate Admission* Likely Stage 3 AKI

#Clinical Context

Why was the blood test taken?

- Were they unwell? – high probability of AKI
- A ‘routine’ test in a stable person – low probability

Check their pulse & blood pressure!
Creatinine rise within stable clinical context may reflect unstable CKD instead of AKI, especially if longer time period between current and baseline creatinine.

***AKI Risk Factors/Clinical Features Prompting Earlier Review**

- Poor oral intake/urine output
- Evidence of hyperkalaemia, especially if moderate ($K^+ 6.0-6.4$) or severe ($K^+ \geq 6.5$) ‡
- Known history of CKD stages 4 & 5 or history of kidney transplant
- New drugs started
- Frail with co-morbidities (CKD, diabetes, heart failure, liver disease, neurological or cognitive impairment)
- Past history of AKI
- Suspected intrinsic kidney disease
- Suspected urinary tract obstruction

‡ UK Renal Association Clinical Practice Guidelines (2014) recommends emergency assessment and treatment of severe hyperkalaemia ($K^+ \geq 6.5 \text{mmol/l}$) – click here Refer to main guidance document – Guidance for mental health professionals on the management of acute kidney injury

The table is a guide to support an initial response to an AKI Warning Stage Test Result but clinical judgement must prevail.

The table does not apply to children and young people (<18 years) or patients receiving end of life care.

Adapted from primary care guidelines