Table 1. Acute Kidney Injury: Recommended response times to AKI Warning Stage Test Results for Adults in Mental Health facilities

<table>
<thead>
<tr>
<th>AKI Warning Stage Test Result</th>
<th>Clinical Context Within Which Blood Test Taken#</th>
<th>Low Pre-test Probability of AKI</th>
<th>High Pre-test Probability of AKI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirm or refute automated AKI Test Result by comparing patient’s current creatinine <strong>within clinical context</strong> against baseline creatinine</td>
<td>If clinical context is unknown, then assume high pre-test probability until proven otherwise</td>
<td>Consider clinical review ≤ 72 hours of e-alert* If AKI confirmed → manage as per table 2</td>
<td>Consider clinical review ≤ 24 hours of e-alert* Likely Stage 1 AKI → manage as per table 2</td>
</tr>
<tr>
<td><strong>AKI Warning Stage 1</strong></td>
<td>Current creatinine ≥1.5 x baseline level (or creatinine rise &gt;26 µmol/L 48 hrs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AKI Warning Stage 2</strong></td>
<td>Current creatinine ≥2 x baseline level</td>
<td>Consider clinical review ≤ 24 hours of e-alert* If AKI confirmed → manage as per table 2</td>
<td>Consider clinical review ≤ 6 hours of e-alert* Likely Stage 2 AKI → manage as per table 2</td>
</tr>
<tr>
<td><strong>AKI Warning Stage 3</strong></td>
<td>Current creatinine ≥3 x baseline level (or creatinine 1.5 x baseline and &gt;354 µmol/L)</td>
<td>Consider clinical review ≤ 6 hours of e-alert* If AKI confirmed → consider admission</td>
<td>Consider Immediate Admission* Likely Stage 3 AKI</td>
</tr>
</tbody>
</table>

#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+ ≥ 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+≥6.5mmol/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