

Responding to Acute Kidney Injury Warning Stage Test Results in Primary Care

From April of this year primary care will start Acute Kidney Injury (AKI) warning stage test results which are generated when a significant change in creatinine concentration is measured. This is as a result of NHS England's detection algorithm, which has been implemented in most path labs' information management systems across the country.

As a GP or practice nurse you will want to know how to respond to the alert which identifies potential cases of acute kidney injury in real time, producing a test result (AKI stage 1, 2 or 3) alongside the serum creatinine result. The result, called 'AKI Warning Stage' will be delivered directly to your GP clinical IT system.

Help is at hand in managing these results, which are likely to be small in number (1 alert per whole time GP per 1-2 months). Think Kidneys has produced a number of resources to help you to decide the appropriate response to the test result and to help you establish a process for timely communication of the test results to both in and out of hours primary care services.

The resources designed to help primary care manage AKI are all online and can be accessed by clicking on the document titles below, which are hyperlinks

- 🍌 [Best Practice Guidance - Responding to AKI Warning Stage Test Results in Primary Care](#) Highlighting key factors to consider when responding to results for adults in primary care, covering for example the stages of AKI, history of acute illness, co-morbidities and risk factors.
- 🍌 [Recommended Response Times to AKI Warning Stage Test Results for Adults in Primary Care – Table 1.](#) This at-a-glance resource explains what actions to take when, when to treat or when to refer.
- 🍌 [Recognising and Responding to AKI in Primary Care – Table 2](#) Understanding cause, possible medication factors, fluid volume status and options for review
- 🍌 [Guidelines for Medicines Optimisation in Patients with AKI](#) Points to note and factors to consider in the medicines management of patients either with, or at risk of AKI. For example, which medications should or should not be suspended, which may be used with caution and alternative therapeutic options.
- 🍌 [Quick Guide to Potentially Problematic Drugs and Actions to Take in Primary Care](#)
- 🍌 [When or if to re-start drugs after an episode of AKI](#)
- 🍌 [Changes in kidney function and serum potassium during ACEI/ARB/diuretic treatment in primary care](#) Advice to monitoring of pharmacotherapy in clinically stable patients - changes in kidney function and serum potassium during ACEI/ARB/diuretic treatment in primary care
- 🍌 [Patient Leaflets](#) – for 1) patients at risk of AKI, and 2) a patient who has had an episode of AKI

Other resources to help your practice include: 🍌 [A short film on AKI and primary care](#)

- 🍌 [Statement on 'Sick Day Guidance' from Think Kidneys](#)
- 🍌 [Communities at Risk of Developing AKI – publication detailing those most at risk of AKI](#)
- 🍌 [Understanding what the public know about their kidneys](#) – report of low awareness and understanding of kidneys, their function and how to keep them healthy
- 🍌 [Why measure AKI data?](#) Background to the patient safety alert for AKI and prevalence
- 🍌 The RCGP e-learning renal module is in the final stages of development and includes AKI – should be live during June 2016.

For more information on AKI and resources on its prevention, detection, treatment and management, visit www.thinkkidneys.nhs.uk/aki