

**Table 2: Recognising and Responding to Acute Kidney Injury for Adults in Primary Care\***

“Think” Cause	“Think” Medication#	“Think” Fluids	“Think” Review‡
<p>History of acute illness?</p> <ul style="list-style-type: none"> <li>• Think Sepsis</li> <li>• Think Hypotension</li> </ul> <p>Intrinsic kidney disease? (E.g. vasculitis)</p> <ul style="list-style-type: none"> <li>• Think Urinalysis</li> </ul> <p>Urinary tract obstruction?</p>	<p>Any medication which could <b>exacerbate</b> AKI?</p> <p>Consider withholding:</p> <ul style="list-style-type: none"> <li>• NSAIDs</li> <li>• Diuretics</li> <li>• Antihypertensive medication</li> </ul> <p>Any medication which may <b>accumulate</b> and cause harm during AKI?</p> <p>Any <b>new</b> medication that may <b>cause</b> AKI?(E.g. drug induced tubulo-interstitial nephritis)</p>	<p>What is the patient’s volume status?</p> <p>If hypovolemia present:</p> <ul style="list-style-type: none"> <li>• When did patient last pass urine?</li> <li>• Can the patient increase fluid intake?</li> <li>• Is admission for IV fluid replacement and monitoring required?</li> </ul> <p>Does the patient have and/or need carer support?</p>	<p>Does the patient need acute admission?</p> <p>If not, when will you review?</p> <p>Have you ensured handover?‡</p>

\*Refer to main guidance document – Responding to AKI Warning Stage Test Results in Primary Care

# Refer to medicines optimisation toolkit for primary care <http://www.thinkkidneys.nhs.uk/aki/medicines-optimisation-for-aki>

‡ Refer to overarching principles in communication of diagnostic test results <https://www.england.nhs.uk/patientsafety/discharge>

*The table is a guide to support recognition and response to AKI in primary care*

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