Could my patient have Acute Kidney Injury?

Acute Kidney Injury is a sudden and recent reduction in a person’s kidney function. It is often referred to as AKI.

**Signs and Symptoms**
- Reduced urine output
- Changes to urine colour
- Nausea, vomiting
- Evidence of dehydration
- Thirst
- Confusion and drowsiness

**Patient AKI Risk Factors**
- Age more than 75 years
- Chronic kidney disease
- Previous AKI
- Diabetes mellitus
- Heart failure
- Vascular disease
- Liver disease
- Cognitive impairment

**AKI Risk Events**
- Sepsis e.g. Pneumonia, cellulitis, UTI etc
- Toxins e.g. NSAIDs, Gentamicin, Herbal remedies
- Hypotension e.g. relative to baseline BP
- Hypovolaemia e.g. haemorrhage, vomiting, diarrhoea
- Major Surgery (planned or emergency)

Check urine colour.
Remember - healthy pee is 1 to 3, 4 to 8 you must hydrate.
What should I do next?

**Think Drugs:**
- Any medication which could worsen AKI?
- Consider withholding: • NSAIDs • Diuretics • Antihypertensive medication
- Any medication which may accumulate and cause harm during AKI?
- Any new medication that may be cause AKI?

**When assessing patients:**
- Have they passed urine?
- Are they dehydrated?
- Do they have any risk factors for AKI?
- Do they need emergency treatment or a GP visit?

A blood test is needed to confirm AKI and grade the severity. Full details can be found at www.thinkkidneys.nhs.uk

When referring your patient on, use **SBAR**

- **Situation:** The patient may have AKI
- **Background:** Risk factors, medications, acute illness
- **Assessment:** Urine output, fluid intake, dehydration, BP, symptoms etc
- **Recommendation:** The patient may have AKI—they may need a blood test, a review of their medication and possible admission

**Think Risk**
Who is vulnerable?
Why?

**Think Trigger**
Infections
Vomiting
Medications

**Think Kidneys**
Advice can be found at www.thinkkidneys.nhs.uk, from your pharmacist and from the GP

For more information www.thinkkidneys.nhs.uk