

Reviewed November 2018
Next Review November 2020

Recommendations for Secondary Care AKI Management process audit measures

Chris Mulgrew, Charlie Tomson, Tom Blakeman, Edward Kingdon

Background

The implementation of a number of assessments and treatment strategies in the recognition and management of acute kidney injury (AKI) in hospital makes up an overall strategy aimed at minimising harm and progression to more severe stages of AKI, including the need for renal replacement therapy (RRT).

The recently published Think Kidneys document '[Recommended Minimum Requirements of a Care Bundle for Patients with AKI in Hospital](#)' includes established and suggested elements of a care bundle for AKI, some of which could be included in a list of process measures to assess compliance. Completion of a care bundle for AKI has been shown to have an effect on mortality if all elements are completed, although often this relies on integrated EPR systems for patient case management – systems which not all hospitals have access to.

Challenges in selecting process measures for AKI

The completion of simple, initial measures to identify and assess patients with AKI is relatively straightforward and may have a positive impact on outcomes. However, measuring the completion of such steps generates challenges which are often specific and individual to the organisation responsible for delivering patient care. Trusts with integrated EPRs may easily review the completion of such steps, while those without may depend on retrospective reviews of case notes to measure compliance with process measures assessing AKI management. Inconsistent recording of information within written notes is a typical finding. While key important domains in initial management should be consistent across all care providers, comprehensive solutions will therefore be different in each location.

AKI Management Process measures

Those which should be easily recorded and audited electronically in all settings

- All acute admissions have renal function checked within 6 hours
- All patients with an AKI warning test result to have repeat renal function bloods within 24 hours

Those which should be recorded, but may require implementation of supporting solutions or processes (e.g. IT systems or QI projects)

- Physiological assessment / NEWS scoring within 6 hours of AKI warning stage test result
- Documented fluid balance and assessment plan
- Prompt treatment of sepsis as appropriate
- Urinalysis
- Medication review
- Ultrasound or renal tract if clinically indicated (i.e. no obvious precipitating cause / obstruction and/or pyonephrosis suspected)

Implementation of these process measures

Individual Trusts should review how these measures can be measured and recorded in order to support improvements in the care of patients with AKI in hospital. These measures should support ongoing quality improvement projects and drive the need for improvement in data capture.
