Discharge summaries for patients whose hospital admission included an episode of AKI: minimum data content

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Next review due November 2020

NHS England's recent web publication (10/03/16) is about Improving discharge from secondary to primary and social care. The eight standards for the communication of patient diagnostic test results on discharge from hospital can be accessed here, and include two case studies which relate and are relevant to renal care (Standards 3 and 8).

Think Kidneys supports this positive approach to accurate and effective discharge which we recognise can have a big impact on patient safety and outcomes. Below is a list of the minimum data content required for a patient being discharged after an episode of AKI.

Information on episode of AKI

1. Cause(s) of AKI

2. Was AKI present on admission, or was it hospital-acquired?

3. Highest AKI stage (stage 1, 2 or 3)

4. ITU admission y/n

5. Was renal replacement therapy required? (y/n)

6. Were any drugs stopped during admission (e.g. ACEI, ARB, diuretics, other BP-lowering drugs)?
   If so: restarted prior to discharge Y/N

Information on recovery and follow up

7. Serum creatinine at discharge
   Stable or still improving at time of discharge?

8. Requirement for follow-up including repeat laboratory test and who is responsible for the tests
   – this should include the frequency, type of tests and for how long.

As general guidance, initial follow up to ensure renal recover or ongoing acute problems should be managed within secondary care and the longer term evaluation of renal function to diagnose the onset of chronic kidney disease or worsening of kidney function should be in primary care unless otherwise agreed.
As a minimum, serum creatinine and urine albumin: creatinine ratio should be checked 3-6 months post AKI episode.

9. Specific instructions on medication management (further guidance available – see below) especially those medications that can be resumed and those to be avoided long term.

10. Discharges summaries should offer additional sources of information to primary care on AKI. This may include electronic links or additional written information. For example, NICE and Think Kidneys both offer advice in electronic format.

- Think Kidneys guidance document on When to Restart Drugs Stopped During AKI
- NICE CKD182 guidance on follow-up https://www.nice.org.uk/guidance/cg182/chapter/1-recommendations#frequency-of-monitoring-2

NB this advice relates solely to AKI-related information, which should be provided alongside the standard content of a discharge summary.

The NHS England case studies which relate to AKI outline the information which needs to be shared between health and care sectors for people with kidney disease who are being discharged from hospital.

These can be seen in

- Standard 3 - When a patient is discharged, hospital clinical teams should have a process in place to ensure that test results are seen, acted on and communicated to general practitioners and patients in a timely and responsive manner. Responsible consultants leading clinical teams must ensure their team members understand and comply with this local process.

- Standard 8 - As part of routine quality assurance, provider organisations should monitor compliance with their policies regarding test result communication and follow up after discharge. Results should be shared with clinicians to facilitate learning and drive care quality improvement.

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

Think Kidneys is a national programme from the UK Renal Registry in partnership with NHS England