



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.



‘THINK KIDNEYS’

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

How to reduce the risks of AKI

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