

Acute Kidney Injury for Primary Care: *Top Ten Tips*

Acute kidney injury is associated with high numbers of death a year. Up to 1:3 of those deaths could be avoided. AKI occurs in 1:5 acute hospital admissions. Over 60 %of these AKI presentations start in the community and primary care can play a leading role in tackling the problem. Even mild AKI episodes are associated with poorer outcomes One AKI experience is a risk factor for developing CKD.

1. Is it True?

Does the clinical picture fit the test?
or is it a false positive result? **Repeat test**

2. Be Risk aware

Age >60 years

Chronic kidney disease: eGFR<60

Past history of AKI

Diabetes

Symptoms/risk factors for urological obstruction

ACEi or diuretic meds, in combination with NSAIDs

Hypovolaemia, e.g. burns, trauma, bleeding

Hypotension

Use of nephrotoxic drugs

Sepsis

Recent iodinated contrast or angiogram

Heart failure

Liver disease

3. Acute illness and CKD

Acute illness and CKD together increase the risk of AKI. **Think renal function: BP, blood test and ACR**

4. Sepsis and Dehydration

Sepsis, dehydration, hypovolemia, and hypotension are the main triggers for AKI. Consider lowering your threshold for conducting a clinical review and **Treat septic episodes earlier in at risk patients**

5. Drug Toxicity

Consider toxicity of the following drugs when renal function declines especially during illness: metformin, ACE inhibitors/ARB, diuretics, digoxin, opiates, lithium, trimethoprim/co-trimoxazole

6. Patient tailored advice

Consider including tailored **“sick day “advice to patients** or carers of admission avoiding plan: “When to seek medical help when unwell”

7. Medication Review

Patients that are recognized to be at risk for AKI medication review should be carried out regularly to modify this risk. **Are there alternative medications?** **Vaccination should be encouraged.**

8 Code AKI.

Patients who experience an AKI episode are at risk of repeat episodes in the future. Any confirmed episode of **AKI should be coded** in the primary care records, to highlight risk

9. Monitoring post -AKI CKD

Ensure you have a **follow up system for patients post-AKI** to check development of CKD or worsening of pre -existing CKD.

10. Result Management.

Arrange follow up (review and blood tests) for people who are at risk of AKI and unwell