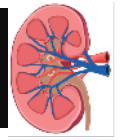
Barnsley Hospital NHS Foundation Trust

Management of ACUTE KIDNEY INJURY (AKI) in ADULTS in Primary Care



Start: AKI e-Alert RESPONSE

Is this definitely AKI?

NO → **Manage In Community**

YES

What grade of AKI?

AKI Stage 1	**CREATININE RISE** between 1.5 and 1.9x from normal baseline
AKI Stage 2	**CREATININE RISE** between 2 and 2.9x from normal baseline
AKI Stage 3	**CREATININE RISE** 3x from normal baseline

Is the patient ACUTELY UNWELL?
AKI Complications?
Need IV Fluids?
Worsening AKI?
On-going Concerns?

YES

Close follow-up
Early repeat of Creatinine and monitoring of Potassium (K+)

STOP-AKI (see column)

Review Clinical State 24 - 48hrs
(use rapid response team if necessary)
Discuss with Medical Team if On-going Concerns

Admit if AKI Stage 3
Clinically Unwell and/or high EWS / Sepsis
Any AKI STAGE with no clear cause
If inadequate response to initial treatment
A possible diagnosis that may need specialist treatment:
AKI with suspicion of urinary tract obstruction or intrinsic renal disease, pregnant,
Urinalysis ≥2+ Blood AND Protein,
Systemic symptoms (e.g. arthralgia, rash, epistaxis, haemoptysis)
(Think glomerulonephritis, vasculitis, interstitial nephritis, myeloma)
AKI Complications: hyperkalaemia (K>6.0mmol/L), fluid overload, uraemia
Prior chronic kidney disease (CKD) stage 4 or 5 & added AKI. A renal transplant with any AKI

Immediately
REFER
TO LOCAL HOSPITAL Medical SPR

Consider Urgent discussion with Renal / Urology dependent on suspected cause and AKI severity

THINK KIDNEYS

Follow QR code for Primary Care AKI Resources from ThinkKidneys

STOP-AKI

SEPSIS: Recognise and treat infection. Do Urinalysis: If protein / leucocytes / nitrites: send MSU. Start Antibiotics. Check FBC, U&E at least every 48-72hrs until clinically stable

TOXINS: hold nephrotoxic drugs
- NSAIDS (ibuprofen, naproxen)
- ACE inhibitors
- Angiotensin II Recept. Blockers
- Nitrofurantoin
- Allopurinol

OPTIMISE / Obstruction:
optimise BP and Fluid state
-If dehydrated, **encourage oral** fluid intake
-If fluid overload: Refer Medics
-If HYPOTENSIVE, STOP anti-hypertensives / diuretics until situation stable and BP returned to patient's norm
-If urinary retention suspected urinary catheter may be needed with hospital admission

PREVENT Harm: Medication Review Stop / Adjust / Omit:
- Metformin (lactic acidosis)
- Proton pump inhibitors
- Opiates (accumulates)
- Sulphasalazine / Lithium
  Discuss with specialists re: dose reduction in AKI.

Aim to identify AKI Cause :
Think Pre-renal, Intrinsic Renal disease and Obstructive causes

Dr S Lobaz / Dr S Atcha. Primary Care AKI. Version 5. 10th Jan 2023