POST AKI CARE: WHAT TO DO WHEN A PATIENT HAS BEEN DISCHARGED AFTER AN EPISODE OF AKI

Hospital discharge summaries from the Norfolk & Norwich University Hospital have had some changes made to include information about AKI episodes that have occurred during a patient's hospital stay. The detail provided should include; stage of alert, medication review, and timing and frequency of follow-on tests.

In addition, the following is recommended to assess a patient following an episode of AKI:

1. **Assess degree of renal recovery**
   - Use creatinine at discharge and consider whether a repeat measure of renal function is required for those patients who have not returned to their previous baseline renal function.
   - If a patient has new onset CKD following an episode of AKI, assess and follow up as per NICE CKD guidelines. This includes an assessment of proteinuria (urine ACR) and a repeat creatinine at three months.
   - If you are concerned about a significant reduction in renal function following an episode of AKI, then contact Nephrology for advice.

2. **Review medications**
   - Restart appropriate medications that may have been stopped during an AKI episode:
     i. Blood pressure tablets are often stopped but need restarting when BP rises during recovery.
     ii. ACEi/ARB can be restarted (unless specific advice to the contrary) once the renal function has stabilised – U/Es should be checked one week after reintroduction.
     iii. Cardiovascular risk: if aspirin (75mg once daily) and statins were stopped, these should be restarted unless specific reason not to. Aspirin 75mg is not nephrotoxic.
     iv. If a drug has been specifically implicated in causing AKI (e.g. PPI leading to interstitial nephritis or NSAIDs), practice records should be updated to prevent the patient receiving these in future.

3. **Reduce risk of further AKI episodes in the future**
   See 'AKI Information for Primary Care' guidance. This can be approached in different ways. Some interventions may be undertaken on a systematic, practice wide basis. Others may be more appropriate for individual patient management, supported by the correct tools and information.

4. **Code the occurrence of an AKI episode using the specific Read codes that currently exist (AKI 1, AKI 2, AKI 3)**
   K04..|12Hq7|C|Acute Kidney Injury
   K04C.|00HqU|C|Acute kidney injury stage 1
   K04D.|00HqV|C|Acute kidney injury stage 2
   K04E.|00HqW|C|Acute kidney injury stage 3

5. **Patients who have experienced an episode of AKI are at risk of further AKI. If the patient has a Care Plan please discuss the risk of further AKI with the patient and consider adding the following to the care plan:**
   AKI – Acute Kidney Injury

   At your review we also identified that you are at RISK of AKI.

   We made you aware of AKI and advised you to identify this risk to health professionals if you should become unwell.

   Also see https://www.thinkkidneys.nhs.uk/aki/wp-content/uploads/sites/2/2016/07/Medicines-optimisation-toolkit-for-AKI-MAY17.pdf