GUIDANCE ON THE TIMELINESS OF POST-DISCHARGE CARE FOR ADULTS FOLLOWING ACUTE KIDNEY INJURY

NIHR | National Institute for Health Research

RCGP Royal College of General Practitioners

CLINICAL CONTEXT AT POINT OF HOSPITAL DISCHARGE

AKI SEVERITY	HEART FAILURE + POOR KIDNEY RECOVERY	NO OTHER SIGNIFICANT FACTORS (NO HEART FAILURE) + POOR KIDNEY RECOVERY	SIGNIFICANT RISK FACTOR ○ (NO HEART FAILURE) + MODERATE KIDNEY RECOVERY	NO SIGNIFICANT RISK FACTOR + MODERATE KIDNEY RECOVERY	SIGNIFICANT RISK FACTOR ○ + GOOD KIDNEY RECOVERY	NO SIGNIFICANT RISK FACTOR + GOOD KIDNEY RECOVERY
AKI STAGE 3	CONSIDER CLINICAL REVIEW BY 3 DAYS					
AKI STAGE 2	HEART FAILURE + MODERATE OR GOOD KIDNEY RECOVERY			CONSIDER CLINICAL REVIEW BY 1 MONTH		
AKI STAGE 1	CONSIDER CLINICAL REVIEW BY 1-2 WEEKS	CONSIDER CLINICAL REVIEW BY 1-2 WEEKS	CONSIDER CLINICAL REVIEW BY 1-2 WEEKS		CONSIDER CLINICAL REVIEW BY 1 MONTH	CONSIDER CLINICAL REVIEW BY 3 MONTHS
BLOOD TEST MONITORING ○	CONSIDER U&Es BY 1-2 WEEKS				CONSIDER U&Es BY 1 MONTH	CONSIDER U&Es BY 3 MONTHS ○
URINE ACR ○	CONSIDER URINE ACR BY 3 MONTHS ○					

AKI SEVERITY

AKI STAGE 1
SCr ≥1.5 x baseline level (or SCr rise >26 µmol/L ≤48 hrs)

AKI STAGE 2
SCr ≥2 x baseline level

AKI STAGE 3
SCr ≥3 x baseline level (or SCr ≥1.5 x baseline to >354 µmol/L)

Based on SCr change known or presumed to have occurred within previous 7 days.

KIDNEY RECOVERY

Consider the most recent stable creatinine value prior to AKI to determine the degree of kidney recovery.
Refer also to the NHS England algorithm for detecting AKI.

GOOD RECOVERY	MODERATE RECOVERY	POOR RECOVERY
SCr ≤ 25% above baseline	SCr >25% & <50% above baseline	SCr ≥ 50% above baseline

ABBREVIATIONS

ACR Albumin/creatinine ratio
AKI Acute Kidney Injury
SCr Serum creatinine
U&Es Urea and electrolytes

RCGP AKI TOOLKIT

Evidence, references and resources

RCGP INFOGRAPHIC

Post discharge care for adults following AKI: Top ten tips

○ SIGNIFICANT RISK FACTORS (IN ADDITION TO HEART FAILURE) PROMPTING EARLIER REVIEW

Chronic kidney disease (CKD)

Other cardiovascular risk factors (diabetes, hypertension and established cardiovascular disease)

Markers of vulnerability: recurrent AKI, cancer treatment, sepsis, critical care

Markers of frailty: those defined within the NHS England toolkit for general practice in supporting older people living with frailty

○ KIDNEY MONITORING FOLLOWING AKI

Why is a test needed?

Kidney function has not stabilised

Medicines (ACEI/ARB/MRA/Diuretics) have been restarted/up titrated

○ CHECK FOR DEVELOPMENT OR PROGRESSION OF CKD

Align with existing reviews to reduce workload and patient burden

This guidance has been developed using established RAND/UCLA methodology.

The guidance is based on consensus on the most appropriate response to a range of scenarios but must not replace clinical judgement based on individual circumstances.

It does not apply to children, young adults (<18y), people with kidney transplants or on dialysis, or people receiving end of life care.

'THINK KIDNEYS'

AKI IS ASSOCIATED WITH

- Re-hospitalisation <30 days
- Further AKI
- Development and progression of CKD
- Cardiovascular mortality

THE RENAL ASSOCIATION founded 1950

Academic Health Science Network North East and North Cumbria

Healthcare Improvement Scotland

NHS Education for Scotland

Kent Surrey Sussex Academic Health Science Network

NIHR Collaboration for Leadership in Applied Health Research and Care Greater Manchester, NIHR Greater Manchester Patient Safety Translational Research Centre