

Guidance notes for Primary Care

Acute Kidney Injury (AKI): **Stage 1:**  
recognise, review, respond

Adult ≥ 18 years old

Key Read Codes:

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

You have received a warning alert for potential AKI: patients with chronic comorbidities especially heart failure, chronic kidney disease, diabetes, or frailty, are at high risk of AKI; patients with acute severe illness may have AKI. AKI is associated with potentially avoidable morbidity and mortality.

AKI Stage 1 Alert		
Recognise →	Review/Recall patient within the specified time frame →	Respond →
<p>Increase in creatinine, either:</p> <ul style="list-style-type: none"> <li>• &gt;1.5-2 x baseline</li> </ul> <p>or:</p> <ul style="list-style-type: none"> <li>• &gt;26 µmol/L over past 48 hours</li> </ul>	<p><b>Review Patient within 48 hours*</b></p> <p><b>Clinical Assessment:</b></p> <ol style="list-style-type: none"> <li>1. <b>Fluid status</b>, i.e. for hypotension or reduction in urine output (fluid depletion); or any peripheral oedema, pulmonary oedema or pleural effusion, raised JVP (fluid excess)</li> <li>2. <b>Urine dipstick</b> (infection, blood, protein, SG)</li> <li>3. <b>Is there any other infection</b> as the cause of AKI - consider commencing antibiotics</li> </ol> <p><b>Medication:</b></p> <p>Stop NSAIDs. Diuretics may need to be reduced if patient dehydrated</p>	<ul style="list-style-type: none"> <li>• <b>Repeat U+E in 5-7 days:</b> if further ↑ creatinine or potassium &gt;6 mmol/L, contact the medical registrar on call</li> <li>• <b>Encourage increased fluid intake</b> unless fluid overloaded</li> <li>• <b>Withhold anti-hypertensives</b> if BP &lt;100 mmHg systolic</li> <li>• <b>Remain off nephrotoxic drugs</b> until the creatinine at baseline. Consider reintroducing drugs in a stepwise fashion with serial monitoring of U&amp;E</li> </ul>
<p><b>Also consider:</b></p> <ul style="list-style-type: none"> <li>• Could this alert be a <b>false positive</b>? e.g. after Trimethoprim; or in a healthy woman post-partum (lowering of creatinine is normal in pregnancy, so the return to a higher creatinine post-partum may trigger an alert)</li> <li>• Response may be inappropriate for a patient on a palliative pathway</li> <li>• Pregnant women with AKI should be discussed with Maternity Assessment Unit on 01865 220221</li> </ul>		

\*To arrange a next day OOH review please phone 01865 903339. If the patient will require bloods then please refer to EMU or an acute Trust

For more Information, see Think Kidneys Primary Care guidelines: <https://www.thinkkidneys.nhs.uk/aki/wp-content/uploads/sites/2/2016/10/RespondingtoAKI-Warning-Stage-Test-Results-for-Adults-in-Primary-Care.pdf>