

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

CLINICAL CONTEXT AT POINT OF HOSPITAL DISCHARGE

AKI SEVERITY				
AKI STAGE 3	HEART FAILURE + POOR KIDNEY RECOVERY CONSIDER CLINICAL REVIEW BY 3 DAYS	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 CONSIDER CLINICAL REVIEW BY 1 MONTH
AKI STAGE 2	HEART FAILURE + MODERATE OR GOOD KIDNEY RECOVERY CONSIDER CLINICAL REVIEW BY 1-2 WEEKS	CONSIDER CLINICAL REVIEW BY 1-2 WEEKS	CONSIDER CLINICAL REVIEW BY 1-2 WEEKS	NO SIGNIFICANT RISK FACTOR + GOOD KIDNEY RECOVERY CONSIDER CLINICAL REVIEW BY 3 MONTHS
AKI STAGE 1	CONSIDER CLINICAL REVIEW BY 1-2 WEEKS	CONSIDER CLINICAL REVIEW BY 1-2 WEEKS	CONSIDER CLINICAL REVIEW BY 1-2 WEEKS	SIGNIFICANT RISK FACTOR + GOOD KIDNEY RECOVERY CONSIDER CLINICAL REVIEW BY 1 MONTH

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 $>26 \mu\text{mol/L}$ ≤ 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 $>354 \mu\text{mol/L}$)

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 SCr $\leq 25\%$ above baseline	MODERATE RECOVERY SCr $>25\%$ & $<50\%$ above baseline	POOR RECOVERY SCr $\geq 50\%$ above baseline
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ABBREVIATIONS

ACR Albumin/creatinine ratio

AKI Acute Kidney Injury

SCr Serum creatinine

U&Es Urea and electrolytes

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.

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

AKI IS ASSOCIATED WITH

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

