



Patient Safety Alert

Resources to support the care of patients with acute kidney injury

17 August 2016

Alert reference number: NHS/PSA/RE/2016/007

Alert stage: Two - Resources

Acute kidney injury (AKI) is a sudden reduction in kidney function. It is not a physical injury to the kidney and usually occurs without symptoms, making it difficult to identify. Late diagnosis can miss opportunities for early treatment, leading to prolonged and complex treatment and reducing the chances of recovery.

In England over half a million people develop AKI every year and 5-15% of all admitted hospital patients are affected.¹ Around 40,000 excess deaths per annum are associated with the condition, up to a third of which are thought to be preventable.² Older people and those with chronic conditions such as heart failure, diabetes and chronic kidney disease are particularly vulnerable at times of acute illness such as sepsis.

In 2013, to further raise awareness of key steps in diagnosing and treating AKI, a three year National AKI Prevention Programme was established in partnership with NHS England and the UK Renal Registry (part of the Renal Association) under the brand ‘Think Kidneys’.

This Patient Safety Alert has been issued to continue to raise awareness of AKI and to signpost clinicians from all care settings, including GPs and community pharmacists, to a set of resources developed by Think Kidneys. The resources support the public and staff working in acute, primary and community care to better understand kidney health and to help prevent, identify and manage AKI.

The Think Kidneys resources for primary care should provide the necessary support for GPs so that the results of any AKI tests they request can be sent directly back to them from the laboratory.

The AKI resource set is available on the Think Kidneys website www.thinkkidneys.nhs.uk/aki/think-kidney-publications/

A previous Patient Safety Alert ‘Standardising the early identification of Acute Kidney Injury’³ was issued by NHS England in June 2014 to draw attention to the safety implications of AKI. That alert made it a requirement that the AKI algorithm, endorsed by NHS England, was integrated into trust laboratory information management systems and data sent to the UK Renal Registry.

Actions

Who: Providers of NHS-funded care in all settings where patients may have AKI including acute, community and mental health care, general practice and community pharmacies

When: To commence as soon as possible and to be completed no later than 17 February 2017

- 1** Bring this alert to the attention of those holding leadership roles for AKI in your organisation (eg medical directors in secondary care, lead GPs and lead pharmacists in primary care).
- 2** Review the resources signposted in this alert and identify how they can be used to ensure care provided by your organisation is in line with guidance.
- 3** Develop an action plan to ensure any relevant resources are used to improve local systems and processes for the care of patients with AKI.
- 4** By either circulating this alert or through local alternatives (such as newsletters, local awareness campaigns etc) ensure that all frontline staff are aware of the key messages and any linked resources relevant to their practice.

See page 2 for references and details of stakeholder engagement

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References

1. Kerr M, Bedford M, Matthews B, O'Donoghue D. The economic impact of acute kidney injury in England. *Nephrol Dial Transplant*. 2014;29(7):1362-8.
2. Coca SG, Singanamala S, Parikh CR. Chronic kidney disease after acute kidney injury: a systematic review and meta-analysis. *Kidney Int*. 2012;81(5):442-8.
3. Stage 3 'Directive' Patient Safety Alert: 'Standardising the early identification of Acute Kidney Injury'. NHS England, June 2014 www.england.nhs.uk/patientsafety/2014/06/09/psa-aki/

Note on previous NHS England AKI Stage 3 'Directive' Patient Safety Alert

Although Patient Safety Alerts are typically issued in the sequence of Warning Alert, Resource Alert, Directive Alert (with the 'warning' stage omitted for well-known risks to patient safety), need for a technical change to laboratory systems to enable sharing of data on AKI meant that in this case a Directive Alert preceded the Resource Alert.

Stakeholder engagement

- Acute Kidney Injury Programme Board
- Infant Children and Young People Patient Safety Expert Group
- Medical Specialties Patient Safety Expert Group
- Primary Care Patient Safety Expert Group
- Surgical Services Patient Safety Expert Group
- Women's Health Patient Safety Expert Group

For details of the membership of the NHS Improvement patient safety expert groups and steering group see www.england.nhs.uk/ourwork/patientsafety/patient-safety-groups/