

**Acute Kidney Injury**

**‘Acute’** is a term used to describe something that has occurred over hours or days.

**‘Kidney injury’** described evidence of damage to the kidneys usually with a change in kidney function.

Acute kidney injury (AKI) is the term used when your kidney’s suddenly stop working properly due to injury. This term replaces acute renal failure (ARF) as an injury usually occurs before failure occurs. As the name might suggest it is **not** due to a blow to the kidneys resulting in injury, but complications from another serious illness which cause the kidneys harm.

AKI is serious if not detected early. It can damage and effect other organs abilities to work properly if not treated quickly. This is because it can cause failures in its abilities to maintain fluids, electrolyte, and acid-base hormones. If the kidneys shut down completely, they may require temporary support from a dialysis machine, or lead to death.

**Kidney care UK reports that**:

* AKI affects 1 in 5 people admitted to hospital as an emergency and may be more deadly than a heart attack.
* In the UK around 100,000 deaths each year are associated with AKI; that’s equivalent to ten people every hour. Research shows that 30 percent of these could have been prevented with the right care and treatment.
* The cost to the NHS of AKI is estimated to be between £434 million and £620 million per year, which is more than the cost associated with breast cancer, or lung skin cancer combined.

As there is an increase in the UK aging population there is also an increase in 2 or more diseases or disorders in these people. This also means that AKI is increasing as it is commonly associated with acute illness. Better detection methods may also play a part in the increase in reported incidence of AKI. Even if it does not progress to complete kidney failure, AKI needs to be taken seriously. AKI is detected based on clinical assessment of signs and symptoms, risk factors, urine output and serum creatinine levels.

**Symptoms of AKI include**:

* Feeling sick or being sick.
* Diarrhoea
* Dehydration
* Peeing less than usual
* Confusion
* Drowsiness

AKI can have an effect on the whole body, it can change how some drugs are handled by the body and could make some existing illnesses more serious. AKI is different from chronic kidney disease, where the kidneys gradually lose function over a period of time.

**Who’s at risk of acute kidney injury?**

You’re more likely to get AKI if:

* You’re aged 65 or over
* You already have a kidney problem such as chronic kidney disease
* You have a long-term disease, such as heart failure, liver disease, or diabetes
* You’re dehydrated or unable to maintain your fluid intake independently
* You have a blockage in your urinary tract (or are at risk of this)
* You have a severe infection or sepsis
* You’re taking certain medicines, including non-steroidal anti-inflammatory drugs (such as ibuprofen) or blood pressure drugs, such as ACE inhibitors or diuretics; diuretics are usually beneficial to the kidneys, but may become less helpful when a person is dehydrated or suffering from severe illness.
* You’re given aminoglycosides- a type of antibiotic, again this is only an issue if the person is dehydrated or ill, and these are usually only given in a hospital setting.

The NHS set up a campaign back in 2016 called ‘THINK KIDNEYS’ as care home workers we can make a huge difference to the health of our residents by taking a few simple steps, beginning with ensuring you have information in your care plan’s building a section into your hydration policy on this topic.

Wherever you work or whatever your role in health and/ or care you should be aware of AKI. This will enable you to understand how to reduce the risk of AKI for residents in your home, by being well informed and understand who is at risk, take an active role in prevention by learning how to recognise AKI and help play a vital role in the early detection, treatment and management of people who may have an episode of AKI or may be at risk of AKI.

**What else I can do?**

* Visit the Think kidneys website (look for the care home resources)
* Work through the power point and familiarise yourself with AKI, there’s also a video and a NICE training module you can complete. And a quiz to test your knowledge!
* Learning about fluid balances, including heatwave advice.
* Taking on the fluid challenge – thinking of different ways of getting your residents to increase fluids.
* Encourage high fluid intake early in the day.
* Identifying residents at risk of AKI
* Spreading the word – downloading posters informing others of AKI



**Resources**

[Acute kidney injury - NHS (www.nhs.uk)](https://www.nhs.uk/conditions/acute-kidney-injury/)

[Care-Homes-AKI-guide-FINAL-160217.pdf (thinkkidneys.nhs.uk)](https://www.thinkkidneys.nhs.uk/aki/wp-content/uploads/sites/2/2016/02/Care-Homes-AKI-guide-FINAL-160217.pdf)

[Overview | Acute kidney injury: prevention, detection and management | Guidance | NICE](https://www.nice.org.uk/guidance/NG148)

[Home - Think Kidneys](https://www.thinkkidneys.nhs.uk/)