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

**CLINICAL CONTEXT AT POINT OF HOSPITAL DISCHARGE**

**AKI SEVERITY**

<table>
<thead>
<tr>
<th>AKI STAGE</th>
<th>HEART FAILURE + POOR KIDNEY RECOVERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No other significant factors (no heart failure) + poor kidney recovery</td>
</tr>
<tr>
<td>2</td>
<td>Significant risk factor (no heart failure) + moderate kidney recovery</td>
</tr>
<tr>
<td>3</td>
<td>No significant risk factor + moderate kidney recovery</td>
</tr>
</tbody>
</table>

**BLOOD TEST MONITORING**

- AKI STAGE 1: Consider clinical review by 3 days
- AKI STAGE 2: Consider clinical review by 1-2 weeks
- AKI STAGE 3: Consider clinical review by 3 months

**URINE ACR**

- Consider urines by 1-2 weeks

**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 ≤ 25% above baseline
- **Moderate recovery**: SCr > 25% & ≤ 50% above baseline
- **Poor recovery**: SCr ≥ 50% above baseline

**AKI IS ASSOCIATED WITH**

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

**ABBREVIATIONS**

- **ACR**: Albumin/creatinine ratio
- **AKI**: Acute Kidney Injury
- **MRA**: MRA/ Diuretics
- **SCR**: Serum creatinine
- **U&E**: Urea and electrolytes

**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

**RCGP AKI TOOLKIT**

- Evidence, references, and resources
- RCGP INFOGRAPHIC: Post discharge care for adults following AKI: Top ten tips

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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.