

Medicines Management Care Home Newsletter

May 2019

In this edition: Acute Kidney Injury (AKI)

What is AKI?

Acute Kidney Injury (AKI) is the term used to describe a sudden loss of kidney function over a period of hours or days. Since the kidneys are one of the major organs responsible for producing waste and eliminating drugs from the body, sudden loss of kidney function can cause major problems

Risk factors

- · pre-existing chronic kidney disease
- age 75 years or over
- heart failure
- vascular disease
- diabetes
- liver disease

Causes of Acute Kidney Injury

The main triggers of an AKI are a lack of blood flow to the kidneys this can be caused by:

- Dehydration
- Blood loss
- Infection putting stress on the kidneys
- Low blood pressure, or
- Adverse effects of medication.

How can AKI be prevented?

Stay hydrated

Ensuring an appropriate fluid intake reduces the risk of dehydration and therefore the risk of an AKI. As a general rule 1500ml per day is appropriate. Individual requirements vary and some patients will require less due to the risk of fluid overload. Requirement may increase due to variations in the weather e.g. in the summer months in a middle of a heat wave.





Know the medicines that can increase the risk of AKI

- ACE inhibitors medicine names ending in "pril"
 - e.g. ramipril, perinopril, lisinopril
- ARB's Medicines names ending in "sartan"
 - e.g. losartan, candesartan, irbesartan, valsartan
- NSAIDS Anti-inflammatory pain killers
 - e.g. ibuprofen, naproxen, diclofenac, meloxicam, cele
- **Diuretics** sometimes called "water tablets"
 - e.g. furosemide, bumetanide, indapamide, bendroflu
- Metformin a medicines used in diabetes



A doctor (or other healthcare professional) may ask you to **TEMPORARILY WITHOLD** certain medication(s) if a patient is unwell with any of the following conditions to reduce the risk of an AKI:

- Vomiting and diarrhoea
- High fever, sweats or shaking
- A water infection or chest infection that requires treatment with antibiotics.

The medicine can usually be **RESTARTED** when the patient is well again (usually 24 hours after eating and drinking normally)

Always check if a drug has been permanently discontinued.

Useful information

There is a section on the Think Kidneys website specifically created for Care homes which is a useful training resource and contains a lot of valuable information: https://www.thinkkidneys.nhs.uk/aki/resources/care-homes/

General guidance on dehydration

https://www.nhs.uk/conditions/dehydration/

Useful guidance on nutrition and fluid intake

http://www.cwt.org.uk/wp-content/uploads/2014/07/OlderPeople.pdf

Advice for during heatwave

http://www.nhs.uk/Livewell/Summerhealth/Pages/Heatwave.aspx