• Please consult your doctor, specialist team, pharmacist, or A&E department if you are unsure about stopping medication.

If you are unable to drink and the symptoms of fever, vomiting or diarrhoea persist, with reduced urine, you should see a doctor urgently for treatment to prevent AKI.

**What are the outcomes of Acute Kidney Injury (AKI)?**

AKI is treatable and reversible. The majority of patients recover from AKI.

A minority of patients with severe AKI will not be able to remove wastes and toxins from their body. This can be resolved by a treatment called dialysis. Only a small number of people treated in this way, with dialysis, need it long term. Occasionally, patients with severe AKI may not recover fully and could develop chronic kidney disease. You will have blood and urine tests following discharge to monitor your kidney recovery and function.

**Resources:**

- **Think Kidney**
  www.thinkkidneys.nhs.uk/aki/information-for-the-public

- **NICE Guidance on AKI**
  NICE Clinical Guidelines 169 Acute Kidney Injury; Prevention, Detection and Management
  www.nice.org.uk/guidance/CG169/ifp/chapter/About-this-information

- **NHS Choices**
  www.nhs.uk/Conditions/acute-kidneyinjury

- **Useful Contact Details**
  NHS Direct (24 hour health advice): 111

George Eliot Hospital is a smoke free environment. If you would like help and advice to stop smoking please contact our Stop Smoking Team on 024 7686 5617

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7686 5550 and we will do our best to meet your needs.

**Document history:** Author: Christopher Meally. Published: October 2016.

Review date: October 2018. Reference No. GEH/314/16
Acute kidney injury is a rapid fall in kidney function in a person who has become unwell. It can happen over hours or days. This results in the kidneys being unable to produce enough urine, or function as normal. The kidneys are important for getting rid of excess wastes, salts, toxin, acids and excess fluid and also used medicines.

- AKI affects 1 in 5 of all emergency admissions.

**What are the causes of AKI?**

Some causes of AKI are:

- Severe infection such as chest or urinary infection.
- Dehydration from vomiting, diarrhoea, not drinking or eating.
- Obstruction to urine flow.
- Drop in blood pressure due to dehydration, illness or drugs.
- Some medicines for heart problems, diabetes or arthritis can increase the chance of AKI, if you are also ill with dehydration, or an infection.

**Who is likely to get AKI?**

- It is more common in older people.
- People with chronic diseases such as: diabetes; heart failure; chronic kidney disease (CKD); or liver disease.
- Recent use of medicines such as: metformin; water pill (also known as a diuretic); ramipril; ibuprofen, among others.

**What are the symptoms of AKI?**

Many people do not have symptoms, but:

- You may pass less urine than usual, or none, if there is a blockage.
- Urine may be darker in colour.
- You may get pain in your lower stomach (abdominal pain)
- You may feel thirsty.
- Persistent AKI may cause nausea, vomiting, confusion, drowsiness, leg swelling, breathlessness or tiredness.

**How is AKI diagnosed?**

- Blood tests can indicate AKI. They will show a rise in creatinine (a waste from muscle breakdown, normally excreted by the kidneys).
- Urine tests will show reduced volume.

**How is AKI treated?**

Doctors will treat the cause of AKI:

- **Infection** will be treated with antibiotics.
- Dehydration will be treated by drinking more fluids, or having fluids through a drip in your arm.
- Medication that is likely to add stress to the kidneys during illness may be stopped for a few days.
- You may need a catheter (a tube) put into the bladder to release the urine in case of blockage. This will also monitor how much urine you are making.

**What extra care will I get?**

- You will be encouraged to drink plenty of fluids - usually 6-10 cups a day.
- Your urine will be measured.
- You may have extra blood tests and other tests, such as a kidney scan.

**How can I avoid AKI in the future?**

- Look after your general health as much as possible.
- Monitor long term (chronic) illnesses with your general practitioner (GP).

**If you are unwell:**

- Try to drink plenty of fluids. Keep an eye on your urine amount and colour.
- If you have a chronic illness such as diabetes, hypertension, heart failure or arthritis, certain medicines such as metformin, ramipril, diuretics and ibuprofen should be stopped until you have been better for about two days.