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Se precisa de uma tradução por favor contacte: 01932 723553

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यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

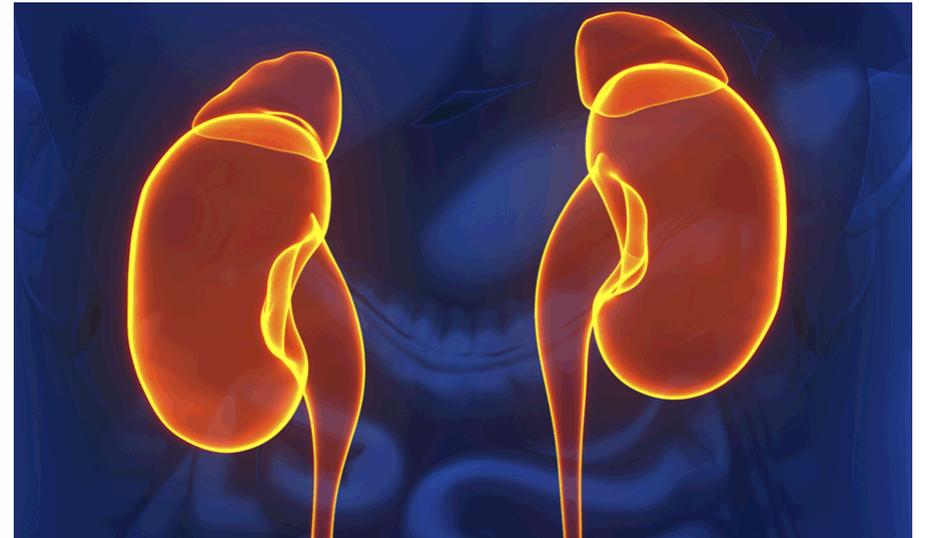
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Acute Kidney Injury

Renal Services / Critical Care



Acute Kidney Injury

Introduction

This leaflet has been given to you because you have had an episode of Acute Kidney Injury (AKI).

The hospital team looking after you think that this information will be helpful over the next few days, weeks, and months.

What is an acute kidney injury (AKI)?

Acute Kidney Injury (AKI) is when your kidneys stop working properly over a short period of time, usually a few days. Healthy kidneys remove waste products and excess fluid from the body via the urine. It is a buildup of waste products and excess fluid in the body that makes people unwell when they have AKI. Importantly the kidneys can be very badly damaged, without you noticing a decrease in the amount of urine produced, or feeling unwell.

Why did I get Acute Kidney Injury?

Often several different factors combine to cause AKI. The important risk factors for AKI are listed below:

- Age - AKI is more common in older people
- Diabetes

Further Information

There are also useful online resources for kidney patients that you might find helpful:

National Kidney Federation
www.kidney.org.uk
0845 6010209

Think Kidneys Website
www.thinkkidneys.nhs.uk

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email patient.advice@asph.nhs.uk. If you remain concerned, the team can also advise upon how to make a formal complaint.

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Should I tell my GP?

Yes please! We will write to your GP with details of your admission but you can also inform the practice.

Once you are home it is a very good idea to discuss with your GP about your tablets as we may have made changes to your regular medicines.

- Vascular disease - a history of heart disease, stroke or mini-stroke or other major circulation problems
- Chronic Kidney Disease (CKD) - a history of gradual loss of kidney function over a prolonged period of time.
- Medications; some medicines can increase the risk of AKI in certain situations (e.g. some blood pressure drugs and anti-inflammatory painkillers), although they are very good for you the rest of the time.

These risk factors combined with an acute illness such as diarrhoea and vomiting can cause AKI. Very severe illnesses such as pneumonia can cause AKI. Sometimes AKI has been caused by a blockage to the tubes that drain urine from the kidneys to the bladder. This will have been diagnosed by a scan. More rarely, a primary disease of the kidneys can cause AKI. If this is the case you will be given some additional specific information.

How AKI is identified?

- It is identified and monitored through **blood tests**
- Your urine will also be tested
- You may be sent for an **ECG, X-rays** or **ultrasound** scans of your kidneys.
- Some types of AKI may need a **kidney biopsy** to determine the cause.

What will happen in hospital?

Treatment depends on what caused your AKI.

- You may need intravenous fluid through a drip in your arm if you are dehydrated.
- The nurses will closely monitor how much fluid you take in each day (drinks and other fluid) and how much urine you produce.
- You will need some blood tests and you will need to give a sample of urine.
- The doctors may change your regular medication to help your kidneys get better.
- If AKI is due to an obstruction (blockage) to the kidneys you may have had a small operation to relieve the obstruction.

What will happen after you go home?

- You may need to return for an outpatient visit for more tests.
- You may need you to arrange some regular monitoring with your GP or practice nurse.

- If you are still working or have any travel plans in the near future please ask for advice about this before leaving the ward.

Could I get AKI again?

Anybody who has had an episode of AKI is at a higher risk of it happening again than those who have not.

What can I do to prevent AKI?

- Most patients make a full recovery, however you will need to continue to look after your kidneys forever.
- Attend any tests that we recommend for you.
- If you become unwell it is important that you discuss with your doctor whether to temporarily stop some of your medications.
- We advise that you follow healthy eating and lifestyle advice.
- If you are unwell and unable to drink properly particularly if you are losing extra fluid through vomiting or diarrhoea or if you have a high temperature and sweats, then it is important that you discuss your condition with a medical professional.