WHAT INFORMATION IS GIVEN TO GENERAL PRACTITIONERS AFTER AN EPISODE OF ACUTE KIDNEY INJURY IN HOSPITAL?

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INTRODUCTION AND AIMS: Acute Kidney Injury (AKI) is estimated to affect one in five emergency hospital admissions. Up to 30% of AKI deaths may be preventable. AKI e alerts are increasingly being embedded into clinical practice with the aim of early identification of AKI and to allow additional measures to be taken to prevent its progression. This will result in an increase in AKI being listed as a diagnosis on discharge summaries. We aim to document current practice prior to the implementation of e alerts in our large district general hospital.

METHODS: Patients with “Acute Kidney Injury”, “AKI”, “Acute Renal Failure” and “ARF” in the text of their immediate discharge summary written between 01/01/17 and 30/06/17 were identified. The discharge summaries were reviewed against the standard set by the “Think Kidneys” UK Renal Registry NHS programme. This lists the minimum data content required for the General Practitioner regarding an AKI episode. Details recommended include: the AKI stage according to the KDIGO classification; medications stopped and restarted; whether the AKI has resolved at hospital discharge and hospital or community follow up. Only patients surviving to hospital discharge were included.

RESULTS: 348 patients with AKI were identified. Of these, 44.8% were discharged by general medical specialties, 19% by nephrology and 9.5% by general surgery. 16.4% patients were identified as having developed AKI in hospital. Only 1.1% patients had AKI documented by KDIGO stage on the discharge summary. 14 patients (4.0%) required renal replacement therapy. 50.6% patients had medications stopped as a result of AKI with 47.2% of these patients having one or more medication restarted during their inpatient stay. Only 49.7% patients had documented stable creatinine measurements or resolution of AKI at hospital discharge with 39.2% patients having no outcome of the episode of AKI documented on the discharge summary. 31.9% (111 patients) had community review or phlebotomy requested on the discharge summary.

CONCLUSIONS: Distribution of patients with AKI documented on hospital discharge summaries was in keeping with previous observations. Severity of AKI according to KDIGO stage is not reliably reported. Outcome of the episode of AKI is underreported and over 30% of discharge summaries requested additional community intervention following discharge. These data suggest that increased education of hospital doctors regarding information recommended on a discharge summary is required. E alerts are likely to increase identification of AKI and therefore development in partnership with the community is vital.