

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

General practice indicators for NICE menu

Indicator area: Acute Kidney Injury

Indicator: NM152

Date: June 2017

Introduction

Acute kidney injury (AKI) refers to a sudden damage to the kidneys with consequences ranging from minor loss of function to complete kidney failure. It is seen in 11-13% of people admitted to hospital as an emergency in England. It is also frequently seen in primary care, with 65% of cases starting in the community.¹ An estimated 20-30% of cases are regarded as partially or fully preventable through appropriate advice and modification of existing treatment during periods of acute illness.

Indicator:

NM152: The contractor establishes and maintains a register of all patients with an episode of acute kidney injury (AKI).

Source guidance and recommendations

Acute kidney injury NICE clinical guideline CG169 (2013)

Recommendation 1.3.1: Detect acute kidney injury in line with the (p)RIFLE, AKIN or KDIGO definitions, by using any of the following criteria:

- *A rise in serum creatinine of 26 micromol/l or greater within 48 hours*

¹ Selby et al. (2012) Use of electronic results reporting to diagnose and monitor hospitalised patient, *Clinical Journal of the American Society of Nephrology* 7(4): 533-540.

- *A 50% or greater rise in serum creatinine known or presumed to have occurred within the past 7 days*
- *A fall in urine output to less than 0.5ml/kg/hour for more than 6 hours in adults and more than 8 hours in children and young people*
- *A 25% or greater fall in eGFR in children and young people within the past 7 days.*

Recommendation 1.3.2: Monitor serum creatinine regularly in all adults, children and young people with or at risk of acute kidney injury.

Recommendation 1.4.1: Identify the cause(s) of acute kidney injury and record the details in the patients' notes.

Recommendation 1.5.16: Monitor serum creatinine after an episode of acute kidney injury. Consider referral to a nephrologist or paediatric nephrologist when eGFR is 30 ml/min/1.73m² or less in adults, children or young people who have recovered from an acute kidney injury.

Rationale

Patients with a history of AKI are at increased risk of a future episode. Establishing and maintaining a register of these patients is anticipated to have two key benefits: firstly, improvements in the diagnosis and recording of AKI for both hospital and community managed cases and secondly, increased awareness of these patients and their increased risk of a future episode of AKI in general practice.

Reporting and verification

See indicator wording for requirement criteria.

References

- [Acute kidney injury: prevention, detection and management, NICE clinical guideline CG169 \(2013\)](#)