**Guidance on the Timeliness of Post-Discharge Care for Adults Following Acute Kidney Injury**

**Clinical Context at Point of Hospital Discharge**

<table>
<thead>
<tr>
<th><strong>AKI Severity</strong></th>
<th><strong>AKI Stage</strong></th>
<th><strong>Heart Failure</strong></th>
<th><strong>Significant Risk Factor</strong></th>
<th><strong>Kidney Recovery</strong></th>
<th><strong>Consider Clinical Review</strong></th>
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<tbody>
<tr>
<td>Poor Kidney Recovery</td>
<td>3</td>
<td>Moderate or Good Kidney Recovery</td>
<td>Moderate Kidney Recovery</td>
<td>Consider Clinical Review by 1-2 weeks</td>
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</tbody>
</table>

**Blood Test Monitoring**

- **Consider Urine ACR by 1-2 weeks**
- **Consider U&Es by 1-2 weeks**
- **Consider Clinical Review by 1 month**
- **Consider Clinical Review by 3 months**

**Kidney Recovery**

Consider the most recent stable creatinine value prior to AKI to determine the degree of kidney recovery. Refer also to the [NHSEngland algorithm for detecting AKI](https://www.england.nhs.uk/wp-content/uploads/2021/09/AKI-algorithm-revised-20210901.pdf).

**Abbreviations**

- **ACR** g/1g
- **AKI** Acute Kidney Injury
- **SCr** Serum creatinine
- **U&Es** Urea and electrolytes

**Significant Risk Factors**

- Chronic kidney disease (CKD)
- Other cardiovascular risk factors (diabetes, hypertension and established cardiovascular disease)
- Markers of vulnerability: recurrent AKI, cancer treatment, sepsis, critical care
- Markers of frailty: those defined within the NHS England toolkit for general practice in supporting older people living with frailty

**Kidney Monitoring Following AKI**

- **Why is a test needed?**
  - Kidney function has not stabilised
  - Medicines (ACEI/ARB/MRA/Diuretics) have been restarted/uptitrated

**AKI IS ASSOCIATED WITH**

- Re-hospitalisation <30 days
- Further AKI
- Development and progression of CKD
- Cardiovascular mortality

This guidance has been developed using established RAND/UCLA methodology.

The guidance is based on consensus on the most appropriate response to a range of scenarios but must not replace clinical judgement based on individual circumstances.

It does not apply to children, young adults (<18y), people with kidney transplants or on dialysis, or people receiving end of life care.