

# GUIDANCE ON THE TIMELINESS OF POST-DISCHARGE CARE FOR ADULTS FOLLOWING ACUTE KIDNEY INJURY

CLINICAL CONTEXT AT POINT OF HOSPITAL DISCHARGE

| AKI SEVERITY       |  |  |   |   |
|--------------------|--|--|---|---|
| <b>AKI STAGE 3</b> | HEART FAILURE + POOR KIDNEY RECOVERY<br><b>CONSIDER CLINICAL REVIEW BY 3 DAYS</b>                | NO OTHER SIGNIFICANT FACTORS (NO HEART FAILURE) + POOR KIDNEY RECOVERY   | SIGNIFICANT RISK FACTOR (NO HEART FAILURE) + MODERATE KIDNEY RECOVERY   | NO SIGNIFICANT RISK FACTOR + MODERATE KIDNEY RECOVERY<br><b>CONSIDER CLINICAL REVIEW BY 1 MONTH</b> |
| <b>AKI STAGE 2</b> | HEART FAILURE + MODERATE OR GOOD KIDNEY RECOVERY<br><b>CONSIDER CLINICAL REVIEW BY 1-2 WEEKS</b> | NO OTHER SIGNIFICANT FACTORS (NO HEART FAILURE) + MODERATE KIDNEY RECOVERY<br><b>CONSIDER CLINICAL REVIEW BY 1-2 WEEKS</b> | SIGNIFICANT RISK FACTOR (NO HEART FAILURE) + MODERATE KIDNEY RECOVERY<br><b>CONSIDER CLINICAL REVIEW BY 1-2 WEEKS</b> | NO SIGNIFICANT RISK FACTOR + MODERATE KIDNEY RECOVERY<br><b>CONSIDER CLINICAL REVIEW BY 1 MONTH</b> |
| <b>AKI STAGE 1</b> | HEART FAILURE + MODERATE OR GOOD KIDNEY RECOVERY<br><b>CONSIDER CLINICAL REVIEW BY 1-2 WEEKS</b> | NO OTHER SIGNIFICANT FACTORS (NO HEART FAILURE) + MODERATE KIDNEY RECOVERY<br><b>CONSIDER CLINICAL REVIEW BY 1-2 WEEKS</b> | SIGNIFICANT RISK FACTOR (NO HEART FAILURE) + MODERATE KIDNEY RECOVERY<br><b>CONSIDER CLINICAL REVIEW BY 1-2 WEEKS</b> | NO SIGNIFICANT RISK FACTOR + MODERATE KIDNEY RECOVERY<br><b>CONSIDER CLINICAL REVIEW BY 1 MONTH</b> |

|                              |                                |                          |                           |
|------------------------------|--------------------------------|--------------------------|---------------------------|
| <b>BLOOD TEST MONITORING</b> | CONSIDER U&Es BY 1-2 WEEKS     | CONSIDER U&Es BY 1 MONTH | CONSIDER U&Es BY 3 MONTHS |
| <b>URINE ACR</b>             | CONSIDER URINE ACR BY 3 MONTHS |                          |                           |

**AKI SEVERITY**

**AKI STAGE 1**  
SCr ≥1.5 x baseline level (or SCr rise >26 µmol/L ≤48 hrs)

**AKI STAGE 2**  
SCr ≥2 x baseline level

**AKI STAGE 3**  
SCr ≥3 x baseline level (or SCr ≥1.5 x baseline to >354 µmol/L)

Based on SCr change known or presumed to have occurred within previous 7 days.

**KIDNEY RECOVERY**

Consider the most recent stable creatinine value prior to AKI to determine the degree of kidney recovery. Refer also to the [NHS England algorithm for detecting AKI](#).

|  |  |  |
|--|--|--|
| <b>GOOD RECOVERY</b><br>SCr ≤ 25% above baseline | <b>MODERATE RECOVERY</b><br>SCr >25% & <50% above baseline | <b>POOR RECOVERY</b><br>SCr ≥ 50% above baseline |
|--|--|--|

**ABBREVIATIONS**

**ACR** Albumin/creatinine ratio

**AKI** Acute Kidney Injury

**SCr** Serum creatinine

**U&Es** Urea and electrolytes

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.

‘THINK KIDNEYS’

**AKI IS ASSOCIATED WITH**

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

**RCGP AKI TOOLKIT**  
[Evidence, references and resources](#)

**RCGP INFOGRAPHIC**  
[Post discharge care for adults following AKI: Top ten tips](#)

**SIGNIFICANT RISK FACTORS (IN ADDITION TO HEART FAILURE) PROMPTING EARLIER REVIEW**

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/up titrated

**CHECK FOR DEVELOPMENT OR PROGRESSION OF CKD**

Align with existing reviews to reduce workload and patient burden

THE RENAL ASSOCIATION  
founded 1950

Academic Health Science Network  
North East and North Cumbria

Healthcare Improvement Scotland

BRITISH SOCIETY FOR HEART FAILURE

Primary Care Cardiovascular Society  
Developments only to deliver the best cardiovascular care

NHS  
Education for Scotland

Kent Surrey Sussex Academic Health Science Network

NIHR Collaboration for Leadership in Applied Health Research and Care Greater Manchester, NIHR Greater Manchester Patient Safety Translational Research Centre