

# Acute Kidney Injury

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Patient Information Leaflet

## What is Acute Kidney Injury (AKI)?

Acute Kidney injury is a rapid fall in kidney function in a person who has become unwell. It can happen over hours or days. This results in the kidneys being unable to produce enough urine, or function as normal. The kidneys are important for getting rid of excess wastes, salts, toxin, acids, excess fluid and used medicines.

AKI affects 1 in 5 of all emergency admissions.

AKI is **not physical trauma** to the kidneys.

## What causes AKI?

Some causes of AKI are:

- Severe **infection** such as chest or urinary infection.
- **Dehydration** from vomiting, diarrhoea, not drinking or eating.
- **Obstruction** to urine outflow.
- **Drop in blood pressure** due to dehydration, illness, or drugs.
- **Some medicines** for heart problems, diabetes or arthritis can increase the chance of AKI, if you are also ill with dehydration or an infection.

## Who is likely to get AKI?

- It is more common in older people.
- People with chronic diseases such as: diabetes; heart failure; chronic kidney disease (CKD); or liver disease.
- Recent use of medicines such as: metformin; water pill (also known as a diuretic); ramipril; ibuprofen, among others.

## What are the symptoms of AKI?

- Many people do not have symptoms, but:
- You may pass less urine than usual, or none if there is a blockage.
- Urine colour may be darker.
- You may get pain in your lower stomach (abdominal pain).
- You may feel thirsty.
- Persistent AKI may cause nausea, vomiting, confusion, drowsiness, leg swelling, breathlessness, or tiredness.

## How is AKI Diagnosed?

- Blood tests can indicate AKI. They will show a rise in creatinine (a waste from muscle breakdown, normally excreted by the kidneys).
- Urine tests will show reduced volume.

## How is AKI treated?

Doctors will treat the cause of AKI.

- **Infection** will be treated with **antibiotics**.
- Dehydration will be treated by **drinking more fluids or a drip** through a vein in your arm.
- **Medication** likely to stress the kidney during illness may be stopped for a few days.
- You may need a catheter (a tube) put into the bladder to release the urine in case of blockage. This will also monitor how much urine you are making.

## What extra care will I get?

You will be encouraged to drink plenty of fluids - usually 6-10 cups a day. Your urine will be measured. You may have extra blood tests and tests, such as a kidney scan.

## How can I avoid AKI in Future?

Look after your general health as much as possible. Monitor chronic illnesses with your general practitioner (GP).

If you are unwell:

- Try to drink plenty of fluids. Keep an eye on your urine amount and colour.
- If you have a chronic illness such as diabetes, hypertension, heart failure or arthritis, certain medicines such as metformin, ramipril, diuretics, ibuprofen should be stopped until sickness has resolved for about two days. **Please consult your doctor, specialist team, pharmacist, or A&E department if you are unsure about stopping medication.**
- If you are unable to drink and the symptoms of fever, vomiting or diarrhoea persist, with reduced urine, you should see a doctor urgently for treatment to prevent AKI.

## What are the outcomes of Acute Kidney Injury (AKI)?

AKI is treatable and reversible. The majority of patients recover from AKI.

A minority of patients with severe AKI will not be able to remove wastes and toxins from their body. This can be resolved by a treatment called dialysis. Only a small number of people treated with dialysis initially need it long term.

Occasionally, patients with severe AKI may not recover fully and could develop chronic kidney disease. You will have blood and urine tests following discharge to monitor kidney recovery and function.

## Resources

<https://www.thinkkidneys.nhs.uk/aki/information-for-the-public/>

NICE Clinical Guidelines 169 Acute Kidney Injury; Prevention, Detection and Management.

<https://www.nice.org.uk/guidance/CG169/ifp/chapter/About-this-information>

NHS Choices <http://www.nhs.uk/Conditions/acute-kidney-injury/>

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## **Useful Contact Details**

NHS 111 (for 24 hour urgent health advice): telephone 111

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## **Evidence**

Details of the evidence used in writing this leaflet are available on request from: Patient Information Officer at 01524 512476.

## **Feedback**

We appreciate and encourage feedback. If you need advice or are concerned about any aspect of care or treatment, please speak to a member of staff or contact PALS on 01539 795497.

UHMBT is a no smoking Trust. Smoking is not permitted on any of the hospital sites. You can contact the NHS North Lancashire Stop Smoking services on the number below:

NHS Quit Squad - **0800 328 6297**

If you live in Cumbria, please call **0300 013 3000** to find a local pharmacy who are offers 1-2-1 support and nicotine replacement therapy.

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