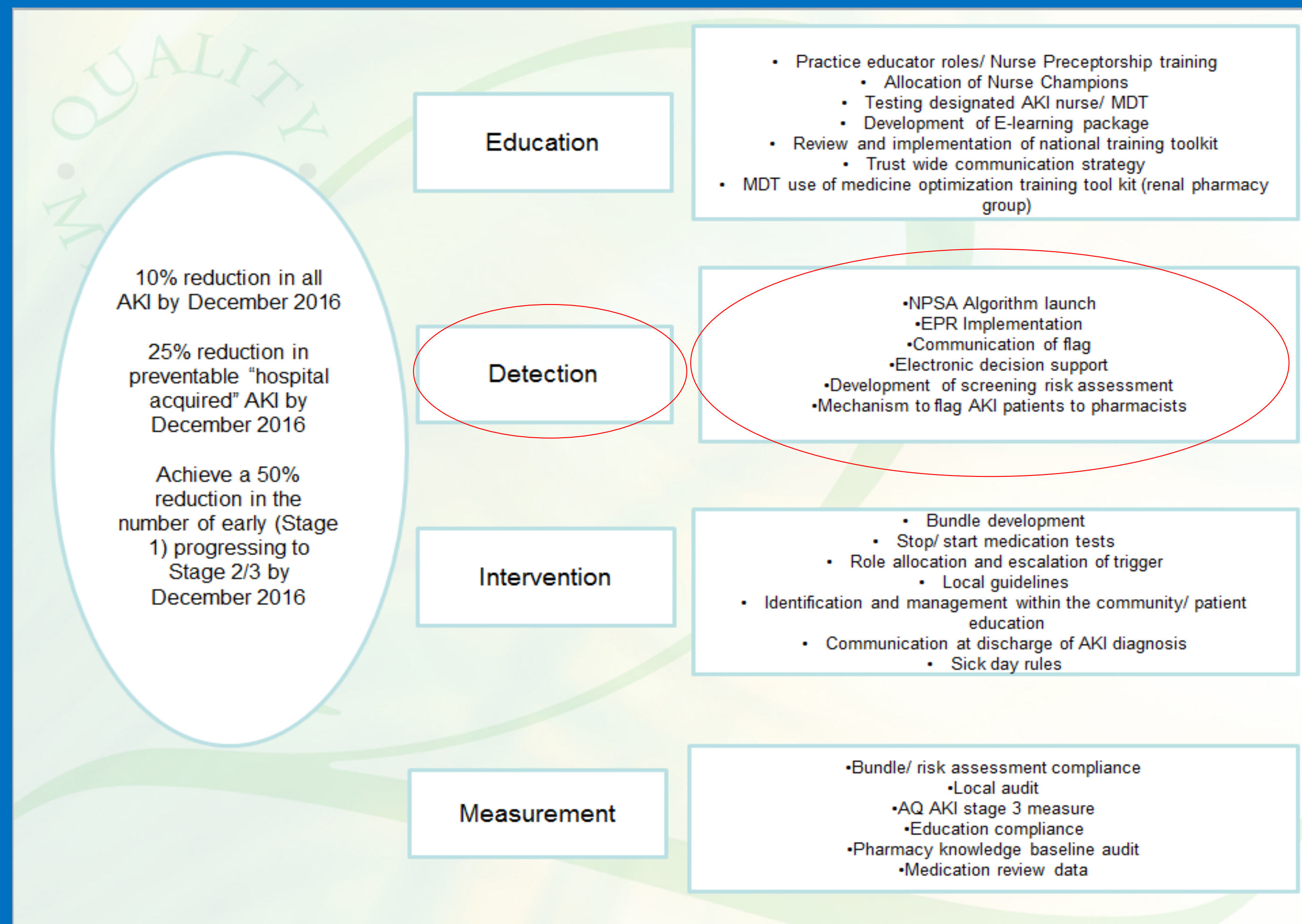


Acute Kidney Injury: Education and Awareness

SRFT AKI driver diagram



Salford Royal NHS Foundation Trust (SRFT) launched a Trust-wide initiative to improve Acute Kidney Injury (AKI) care. There has been a distinct focus on AKI education and raising awareness through:

Learning Sessions – As part of the BTS model for improvement, clinical areas got together 5 times to share their improvement experience .

AKI alerts - We launched a AKI e-alert and AKI assessment forms on our electronic patient record system.

AKI link nurses – All clinical areas were asked to identify an AKI link nurse who also met outside of Learning Sessions.

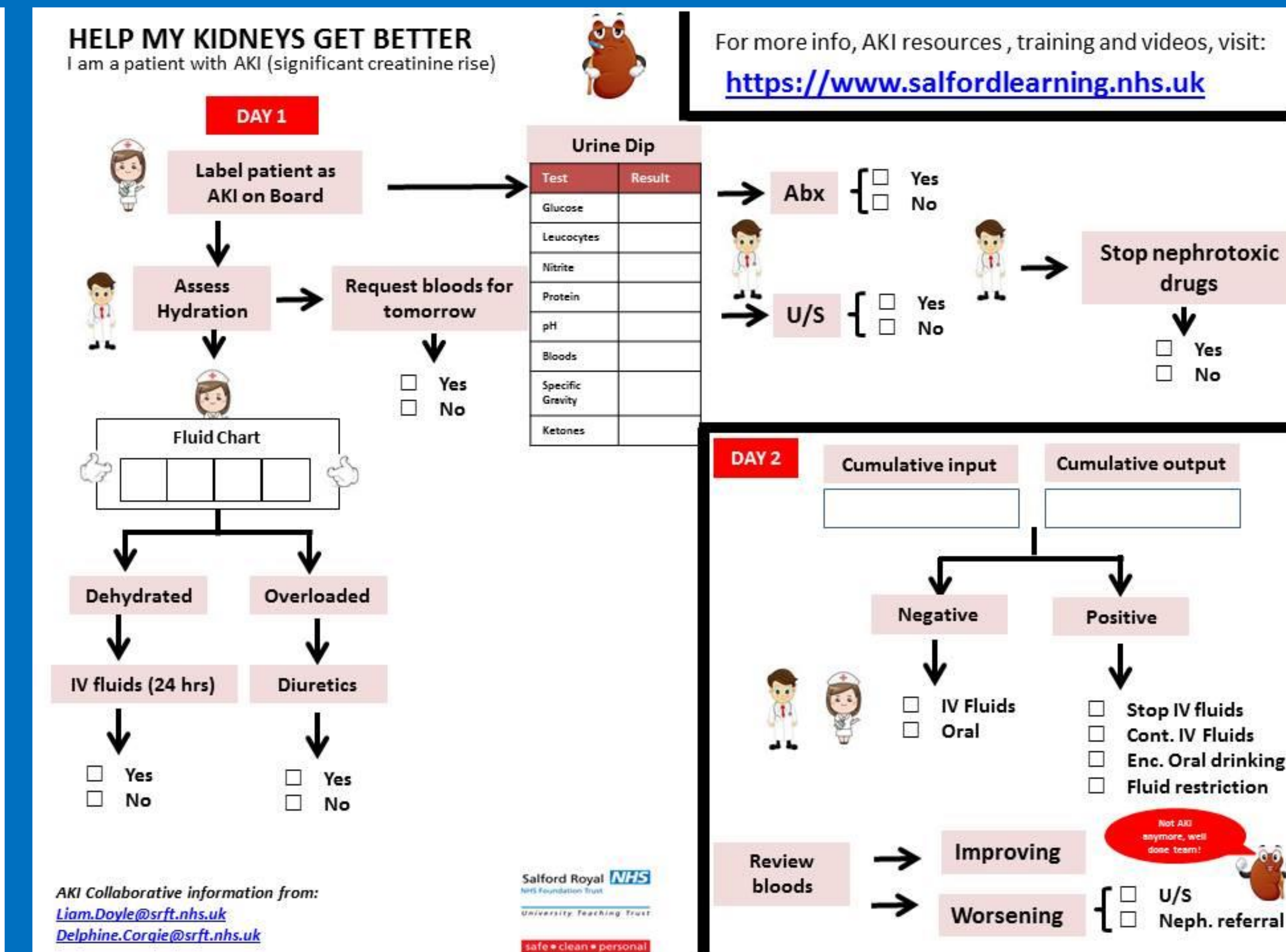
Face-to-face training – Coordinated by both the AKI link nurses and our practice educators, face-to-face training has been available to all nursing staff. In addition, AKI education sessions have been provided to all grades of doctors from consultant to junior doctors in multiple forums.

E-learning resource – An AKI online resource has been built with the support of the learning and development department. This includes literature on AKI, as well as a competency test.

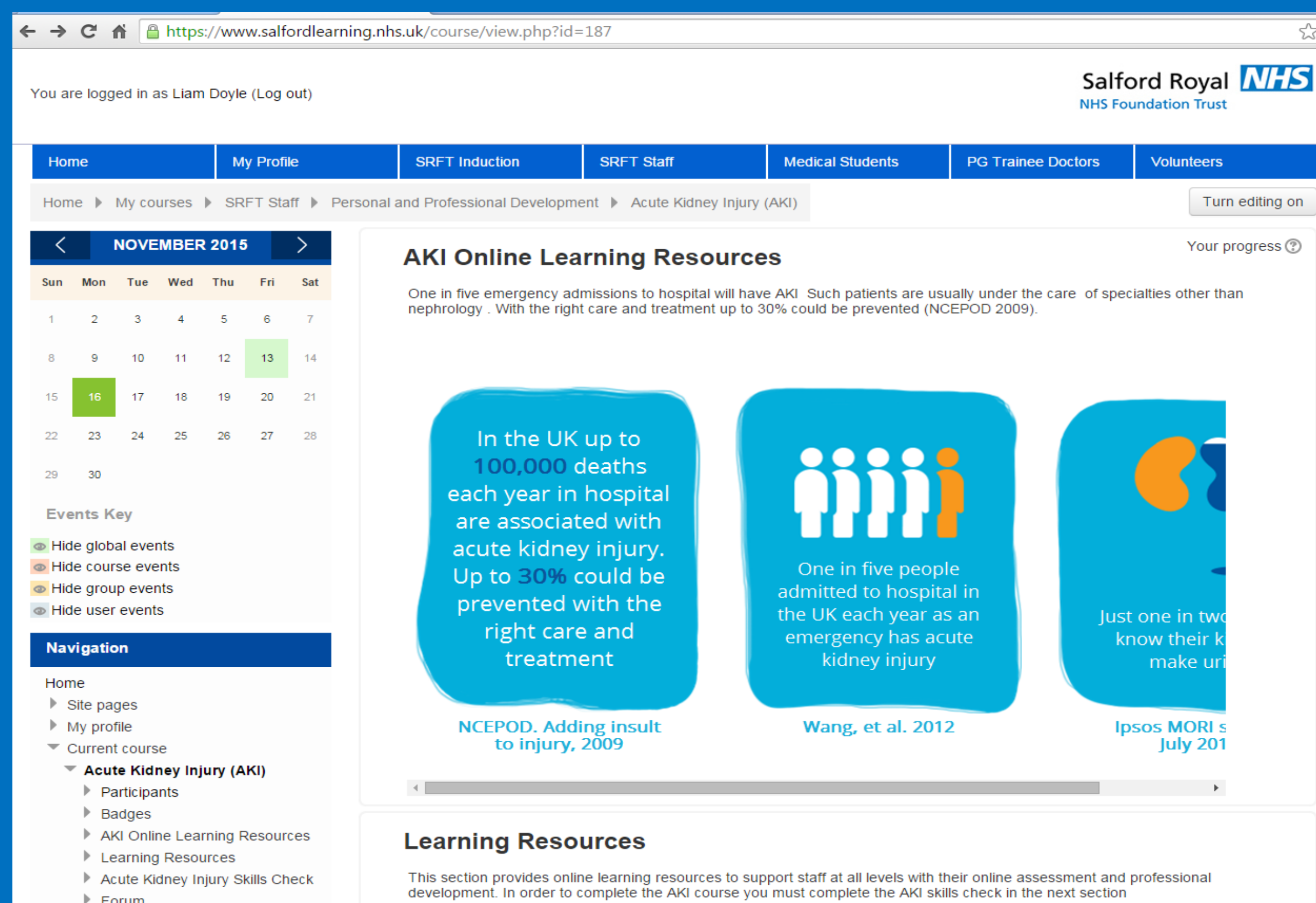
Results – The latest numbers on those accessing this e-learning resource are given below:

- Number of people who have accessed the competency test: **1162**
- Number of people who have passed the competency test (80% score required): **1014 (87%)**

AKI Flow chart for junior doctors



SRFT AKI moodle site



Resources developed

- Prompt cards
- Checklists
- Magnets
- AKI Boxes (containing required equipment to screen for AKI)

Clinical Examination	Monitoring
Look for shock / hypoperfusion Physiological observations If triggering EWS, follow escalation policy Investigate the cause unless obvious precipitant or multi-organ failure	Daily weight, U+E, P04- bone and HCO3- while creatinine rising Hourly fluid balance Minimum four hourly obs and EWS
Investigation	Medication
Urine - dip, culture, spot protein creatinine ratio Blood - FBC, U+E, LFT, CRP, CK, HCO3- bone profile, P04- I ² , venous gas USS within 24 hours or obvious cause USS within six hours if infection suspected Immunoglobulin A	Treat sepsis - IV antibiotics within four hours Stop nephrotoxic drugs (NSAIDs ACE inh, ARB, metformin, spirinolactone) Review drug doses in light of renal function Daily weight Half dose Top diuretics
Fluid Therapy	Assess hydration If hypovolaemic, give crystalloid boluses (e.g. 250-500ml) and review If no improvement following two litres of fluid, ask registrar to review within 30 minutes Assess hydration

