

## **“Sick-Day Guidance”: Written guidance to reduce the risk of AKI in patients at risk in primary care**

### **Background**

Acute kidney injury (AKI) is common and is associated with significant mortality. [1] But it is often preventable. AKI often begins in the community when a vulnerable patient develops an acute illness such as diarrhoea, vomiting or an infection. To reduce the risk of AKI, patients at risk of AKI should be advised that certain drugs with nephrotoxic potential, should be temporarily discontinued during their acute illness. [2]

### **Aim**

All patients at risk of AKI, registered at a GP practice, should have documented discussions in their case notes about reducing the risk of AKI during an acute illness. This could be in the form of written guidance in keeping with the Greater Manchester Primary Care Standards, which is commonly referred to as “Sick-Day Guidance”. [3]

### **Method**

Using the practice IT system, patients with CKD stage 3 or above, who were taking one or more potentially problematic medications were identified. Their electronic records were reviewed to determine if any guidance had been provided.

Thereafter written guidance was created using available materials from Salford and Wigan Clinical Commissioning Groups regarding “Sick-Day Guidance”.

Using the practice IT system, a protocol was created to prompt healthcare professionals, when accessing these patient’s notes during a consultation, to discuss about “Sick-day Guidance”, if clinically appropriate.

### **Results of audit**

An initial audit showed that none of the 41 identified patients received written guidance.

A re-audit 3 months after the implementation of the interventions raised the provision of guidance to 34% amongst 43 patients.

### **Conclusion**

The interventions have led to an improvement in guidance being provided to patients and has been well received by healthcare professionals at the practice as a simple and practical way to prompt them about discussing AKI with patients.

We hope to support other local practices in adopting this initiative by presenting it at locality meetings to share best practice with other primary care provides. This could lead to assessment of its impact locally on AKI-related hospital admissions, morbidity and mortality outcomes.

The project will be continually re-audit to looked for increased provision of the guidance.

## References

1. Kidney Disease: Improving Global Outcomes (KDIGO) Acute Kidney Injury Work Group  
KDIGO Clinical Practice Guideline for Acute Kidney Injury. *Kidney International Supplement*. 2012;2:1–138.
2. NICE (August 2013). Clinical Guideline 169 *Acute kidney injury: prevention, detection and management*. London
3. Salford Clinical Commissioning Group: *Quality Standards for Primary Care*