

P057

P057 -An audit of the care provided to patients with Acute Kidney Injury (AKI) at a teaching hospital trust in the UK

Mrs Claire Mace¹, Miss Christina Armitage¹, Mr Bob Browne¹, Mrs Sarah Brand¹, Dr Charlotte Bebb¹
¹Nottingham University Hospitals, Nottingham, United Kingdom

Background

The Acute Kidney Injury team consists of nurse specialists and nephrologists who respond to an automated electronic alert system and review patients with AKI providing specialist support and monitoring.

Methods

All patients formally reviewed by the AKI team were audited over a 6 week period. This included 110 patients across 15 specialities. Care was audited against the NICE quality statements for AKI (2014).

Findings

- 72% of AKI was community acquired. The primary cause of both hospital and community acquired AKI was dehydration. Dehydration was seen in 55% of hospital acquired cases.
- Fluid balance monitoring was poor, 51% of dehydrated patients did not have a fluid balance chart. 32% of all patients with AKI had no measurement of their urine output. Only 55% of fluid balance charts were accurately completed for patients with AKI.
- 56% of patients had urinalysis taken.
- Only 52% of patients had a repeat 'urea and electrolytes' (U+E) requested within 24 hours.
- 52% of patients were on medications that contributed to the development of their AKI. 76% of patients had these medications stopped prior to arrival of the AKI team.
- In cases of community acquired AKI where patients were on medications that contributed to the AKI; only 15% of these had these medications stopped by the admitting doctor. The ward team went on to stop these in the majority of cases (61%) at a later stage, and the AKI team had to instruct to stop these in 24% of cases.
- The most common complication of AKI was fluid overload (seen in 9 out of 110 patients).

Conclusions

The audit highlighted issues in both nursing and medical care. Improvements need to be made in recognising and reacting to dehydration in both hospital and community settings. Fluid balance monitoring was poor and in particular the accurate measuring of urine output. Urinalysis is not being done routinely on patients with AKI which is a requirement in the NICE standards. In addition, admitting doctors need to improve their skills in stopping medications which can contribute to AKI and requesting repeat U+E's in a timely manner in order for the progression of AKI to be assessed. Improvements need to be made in the early recognition of fluid overload and fluid assessments by both medical and nursing staff.

Work is being done to develop a training system for nursing staff to ensure the key messages regarding the importance of accurate fluid balance monitoring are communicated. There is an ongoing study surrounding nurses' attitudes to AKI and fluid balance monitoring to gain a better understanding of why compliance to policy is poor. There is consideration of developing an 'AKI care bundle' which would prompt medical staff

to order repeat bloods, complete accurate fluid assessments and stop nephrotoxic medications on admission in line with NICE guidance.