

Acute Kidney Injury and Sick Day Guidance

This factsheet has been developed to provide you with information about acute kidney injury (AKI) and how to prevent it from happening.

What is acute kidney injury?

Acute kidney injury (AKI) occurs when the kidneys suddenly stop working properly. It is not the result of a physical blow to the body, as the name may suggest. The effects of AKI can range from minor loss of kidney function to complete kidney failure, the effects of which can be fatal. It's essential that AKI is detected early, as the earlier AKI is picked up the better the chance of the kidneys fully recovering.

What do the kidneys do?

Your kidneys have lots of important jobs to do to keep you well.

1. Get rid of waste and toxins by making urine
2. Control fluid balance, making sure we are not overloaded with water or too dry
3. Control blood acidity
4. Regulate salt levels in the body (which helps control blood pressure)
5. Stimulate and regulate the production of red blood cells

Symptoms of AKI

Some patients do not have any signs that their kidneys have stopped working. We find out about your kidney injury when we look at your blood test results.

However, some patients might have the following symptoms:

- Passing less urine than usual
- Unexplained loss of appetite
- Feeling sick or vomiting
- Feeling short of breath
- Swelling of the legs or other body parts

Can I avoid this from happening?

If you are unwell and unable to drink properly, particularly if you are losing extra fluid through vomiting or diarrhoea, or you have a high temperature or sweats, then you can follow the guidance below. If you are only passing small amounts of urine you may need admission to hospital. Do not delay calling your GP if this occurs.

Sick Day Guidance

When you are unwell with:

- 1) Vomiting or diarrhoea
- 2) Fevers, sweats or shaking

You can *temporarily* stop taking the following medications to reduce your chance of being admitted to hospital:

- Diuretics – sometimes called ‘water pills’ e.g. Bendroflumethiazide, Furosemide, Indapamide, Spironolactone.
- ACE Inhibitors – medicine names ending in “pril” e.g. Lisinopril, Perindopril, Ramipril.
- Angiotensin receptor blockers – medicine names ending in “sartan” e.g. Candesartan, Losartan, Valsartan.
- Metformin – a medication used for Diabetes.
- Non-steroidal anti-inflammatory pain killers, e.g. Diclofenac, Ibuprofen, Naproxen.

You should restart any of the above medications that you have stopped when you are well. This is after 24-48 hours of eating and drinking normally. If you are unsure of whether to stop a medication, please contact your pharmacist, GP or specialist nurse.

Further information

If you have any further questions or concerns after reading this leaflet, please discuss them with your hospital doctor or GP.

Useful links

NHS Choices – Acute kidney injury
www.nhs.uk/conditions/acute-kidney-injury/