

# Acute Kidney Injury (AKI)

## My doctor said I have AKI - what is AKI?

AKI is short for acute kidney injury. Some people used to call it acute renal failure. If you have AKI, it means your kidneys have suddenly stopped working as well as they were before. This might have happened in the last few hours, days or weeks.

***Acute kidney injury affects both your kidneys.***

AKI is often seen in older people who are unwell enough to be admitted to hospital, but it can happen at any age. If it's not picked up in time, the kidneys can become overwhelmed and shut down. This can lead to irreversible injury and can be life threatening if not detected early and treated quickly.

***It's essential that AKI is detected early and treated quickly.***

## What causes acute kidney injury (AKI)?

AKI is common and normally happens as a complication of another serious illness. It is not the result of a physical blow to the kidneys. AKI might be caused by stress on your kidneys due to infection, severe dehydration or by some medicines, especially if you take them while you are unwell, for example, when you have diarrhea or vomiting.

## What should my kidneys be doing if they are working properly?

Your kidneys have lots of very important jobs to do to keep you well. Your kidneys do the following:

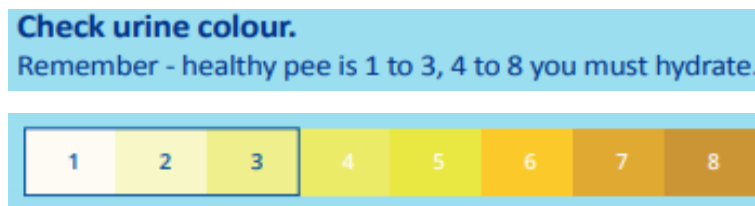
- Clean your blood and get rid of waste.
- Keep the right amount of chemicals in your blood, for example, potassium.
- Help to keep the right amount of fluid in your body and help make urine.

Your kidneys also have other jobs, such as helping to make red blood cells, keeping acid levels right in your body and help with healthy bones and good blood pressure control.

## What are the symptoms of AKI?

Some patients do not have any signs that their kidneys are not working so well. We find out about your kidney injury by looking at your blood test result. Some patients might have signs that their kidneys have stopped working:

- You might not be passing as much urine when you go to the toilet, even if you drink more fluids.
- Some people suddenly can't make any urine at all.
- You might have very concentrated urine.
- Urine can look yellow/brown/red in colour.



- Your feet and legs might swell up. Especially if you have been standing or sitting for a while.

If your kidney injury doesn't get better quickly and the waste products build up in your body, you might start to feel very sick, tired, drowsy, confused and have itchy skin.

## What happens next?

You will need to have some extra blood tests. This helps us to see if your kidneys are getting better or worse. We will also need to look at a small sample of your urine.

Some patients might need to have a bladder catheter to help them pass urine (have a wee) which also helps us to monitor you.

You might also need to have a special scan of your kidneys using an ultrasound machine. This is not painful and helps the doctors measure your kidneys.

## What will happen to me after the first tests and investigations?

Usually, you will still be cared for by the medical or surgical doctors on the ward until you are discharged from hospital. Some patients need to see a specialist team of urologists. The urologists will see you if you need an operation to help release the urine from your bladder.

Patients with very rare but serious kidney injury might need to be seen by specialist kidney doctors. They might take over your care and move you to the specialist ward.

In some cases, your kidneys might not make a good recovery quickly enough. You might need to have dialysis to clean your blood and help remove waste products, but this is very rare.

There are a small number of patients whose kidneys will never recover from acute kidney injury. If this happens the kidney doctors will talk to you about all your options.

## What about my medicines?

Your prescription will be reviewed by the pharmacist and doctor. They might stop some of your medicines altogether or suggest that you stop some for a while until your kidneys recover.

There are some medicines we will advise you to stop if you are unwell and become dehydrated. This is called "sick day guidance". We will give you some extra information about this if you are taking these medicines, or you can ask your pharmacist.

## What happens once I leave hospital?

You may be discharged to 'Hospital at Home' where you will be reviewed daily and have regular blood tests until your kidney function is closer to your normal level.

We will write to your GP to tell them that you have had an acute kidney injury and they will monitor you for two years.

We recommend that you avoid any medicines that can cause damage to your kidneys. Please check with your doctor, nurse or pharmacist before taking any new medicines.

### Long term care

You will need to look after your kidneys forever because there is a risk that this may happen again, and your kidneys could be affected in the long term.

You should tell all healthcare professionals treating you that you have had an AKI.

You may need the dose of some of your medicines changed as your kidney function improves, and some medications will be started again; this is normal.

### Can I do anything to help myself?

We suggest that you follow healthy eating and lifestyle advice. Try and keep your blood pressure under control.

## Questions

Please talk to us if you would like more information, or have any questions or concerns.

## Further information

- Think Kidneys - <https://www.thinkkidneys.nhs.uk/aki/resources/patient-information/>
- NHS website - <https://www.nhs.uk/live-well/>

## Useful contact details

### East and North Hertfordshire NHS Trust:

- Website [www.enherts-tr.nhs.uk](http://www.enherts-tr.nhs.uk)
- Telephone 01438 314333
- **Ward** \_\_\_\_\_, **Lister Hospital**
- Telephone 01438 \_\_\_\_\_

## Leaflet information

Reference: Adapted with permission from Salford Royal NHS Foundation Trust's AKI leaflet

[You can request this information in a different format or another language;  
please speak to your doctor or nurse.](#)

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