

Characteristics of patients with diabetes (DM) admitted with AKI (Acute Kidney Injury) in a District General Hospital

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INTRODUCTION

- We have a dedicated AKI team consisting of a specialist nurse, consultants and a pharmacist. The AKI specialist nurse has a working week ward round which is strengthened by a twice weekly nephrology consultant and / or renal pharmacist. This team has been in place since January 2016.
- We also have a dedicated diabetes outreach team whose purpose is to ensure that patients with diabetes have optimal diabetes care whilst they are inpatients no matter the reason for their admission.
- The AKI team review patients with community or hospital acquired AKI and prioritise the review of patients with deteriorating stage 1 and 2 with the aim to prevent progression.
- Patients with a Stage 3 AKI are seen by the AKI specialist nurse and prioritised for a discussion with a consultant nephrologist. A consultant nephrologist review is available 7 days a week.

METHODS

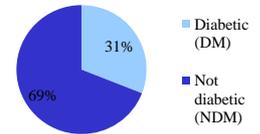
The AKI team see approximately 100 patients a month and record data on demographics, co-morbidities, medications, and fluid balance.

Over a two month period (September – October 2016) 163 patients were seen by the AKI team.

93% of those were stage 1 and 2 AKI.

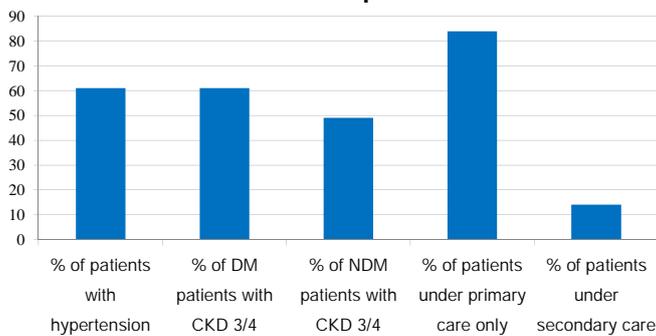
51 (31%) of the total cohort had diabetes (DM), all of which were type 2.

69% were Non Diabetic (NDM)



RESULTS

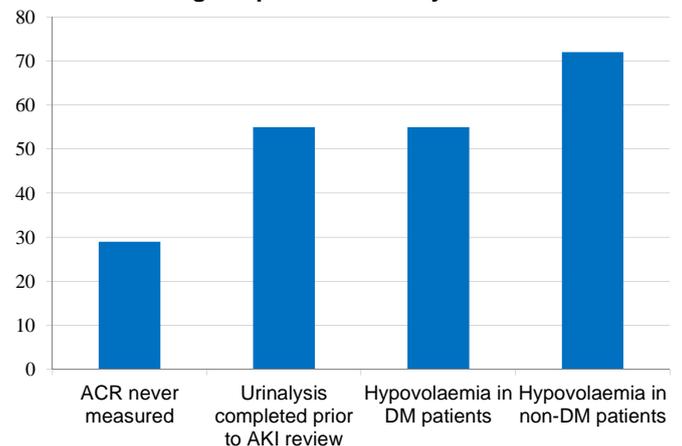
Characteristics of patients seen



Mean age of DM patients	75.5
Mean age of NDM patients	78
Mean HbA1c (mmol/mol)	56

RESULTS

Percentage of patients seen by the AKI team



DISCUSSION

- A large proportion of patients with DM and CKD (75%) are under primary care only. We identified an unmet educational need regarding screening and monitoring for diabetic nephropathy in primary care.
- Hypovolaemia was a major contributory factor to developing AKI but there was no difference between the groups with regards sepsis incidence. We have introduced a medication stop policy to reduce exposure to medications with a nephrotoxic potential.
- There is a failure to meet NICE AKI guidance regarding urinalysis on admission in this high risk population and this impacts on treatment decisions.