Calderdale and Huddersfield
NHS Foundation Trust

Patient Information Leaflet

Acute Kidney Injury (AKI) - Patient Information Leaflet – Same Day Emergency Care (SDEC)

What is Acute Kidney Injury (AKI)?

Acute Kidney Injury (AKI) is a sudden reduction in how well your kidneys are working.

Your kidneys help to:

- Remove waste products from your blood
- Balance fluids in your body
- Maintain salts and minerals
- Help control blood pressure

When the kidneys are affected, waste products can build up in the body.

AKI can range from mild to severe and is often reversible if treated early.

What causes AKI?

Common causes include:

- Dehydration (not drinking enough fluids or fluid loss from vomiting/diarrhoea/fever)
- Infections (such as urinary tract infections or sepsis)
- Certain medications (e.g. anti-inflammatory painkillers such as ibuprofen)
- Low blood pressure
- Blockage in the urinary system (e.g. enlarged prostate or kidney stones)
- Existing kidney disease becoming worse

Symptoms of AKI

You may not always notice symptoms, but possible signs include:

- Reduced urine output or very dark urine
- Feeling tired or weak
- Swelling of legs, ankles, or around the eyes
- Nausea or vomiting
- Confusion or drowsiness (in more severe cases)
- Shortness of breath (if fluid builds up)

How is AKI diagnosed?

AKI is usually diagnosed using:

- Blood tests (to check kidney function)
- Urine tests
- Observation of urine output
- Sometimes scans if a blockage is suspected

Treatment

Treatment depends on the cause and severity.

You may be advised to:

- Drink more fluids (if appropriate)
- Stop or temporarily pause certain medications (you will be advised which ones)
- Receive intravenous (IV) fluids
- Take antibiotics if infection is present
- Undergo further tests or hospital admission if needed

Most people with AKI improve once the underlying cause is treated.

Medicines – important information

You may be advised to temporarily stop certain medications such as:

- Anti-inflammatory painkillers (e.g. ibuprofen, diclofenac)
- Some blood pressure tablets (e.g. ACE inhibitors or ARBs)
- Diuretics (water tablets)

Only stop medications if advised by a healthcare professional.

You will be told when to restart them.

What you can do to help

- Drink fluids as advised by your clinician
- Avoid alcohol until you recover
- Rest and recover from any illness
- Monitor your urine output if advised
- Avoid non-steroidal anti-inflammatory drugs (NSAIDs) unless prescribed

When to seek urgent medical help

Seek urgent care (SDEC, GP, or Emergency Department) if you experience:

- Very little or no urine output
- Worsening swelling or breathlessness
- Persistent vomiting or inability to keep fluids down
- Increasing confusion or drowsiness
- High fever or signs of infection
- Feeling significantly worse

In an emergency, call 999.

Follow-up

You will usually need:

- Repeat blood tests to check kidney recovery
- Review of your medications
- GP or hospital follow-up appointment

It is important to attend all follow-up appointments.

Long-term outlook

Many cases of AKI improve completely once the cause is treated. However, some patients may have ongoing kidney problems and require monitoring.

Having AKI can slightly increase the risk of future kidney problems, so follow-up is important.

Key message

Acute Kidney Injury is often reversible if treated early. Following medical advice, staying hydrated (if advised), and attending follow-up appointments are essential for recovery.

Contact information

If you have concerns after leaving SDEC, please contact:

SDEC / Hospital Advice Line: _____

GP: _____

Out of hours: NHS 111

In an emergency, call 999.