

P067

## P067 -Acute Kidney Injury in Primary Care- 12 month observational study

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Introduction: National best practice guidance in 2016 provided advice for primary care in response to Acute Kidney Injury (AKI) test results (1). Our laboratory primary care AKI stage alert service using the national NHS AKI algorithm went live in February 2017, and followed a local education programme over previous months. An electronic message consisted of a report of the AKI stage and web-links to online resources. Stage 2 and 3 alerts were also phoned to surgeries. We wished to review both the incidence of AKI and the responses to AKI alerts in primary care, since the introduction of the alerts. We had previously reviewed the incidence of AKI in primary care prior to the introduction of AKI stage alerts (2).

Method: Data on all AKI stage alerts between 1st March 2017 and 28th Feb 2018 were collected. Patient data were cross referenced with the Patient Administration System and the Pathology computer system respectively to identify hospital admissions and repeat blood tests.

Results: 2479 AKI stage alerts were generated (0.85% of total GP creatinine requests). After removal of repeat alerts and dialysis patients there were 1784 AKI alerts. Table 1 shows the proportions of the stages of AKI.

We calculated the time between the initial AKI stage alert and when the next creatinine was carried out; 55% of AKI1, 84% of AKI2 and 86% of AKI3 stage alert patients had a repeat creatinine within 14 days. The locations of the repeat creatinines were also identified (Table 2):

31 patients had two separate AKI episodes (at least 90 days between stage alerts).

Discussion: 85% of patients with AKI stage 2 and 3 had a repeat creatinine test within 14 days of the initial AKI stage alert; this may reflect awareness of AKI following the introduction of the AKI stage alerts and accompanying education and information.

Our previous paper identified 991 AKI episodes (over 12 months) compared to 1784 in this work; it is not clear whether this relates to the different method of identifying AKI with the new NHS AKI algorithm, or an increased incidence of AKI.

The higher the AKI stage the more likely patients were to have had a repeat sample taken at an acute hospital location, suggesting these patients were more unwell and more likely to have had contact with secondary care: we are currently reviewing mortality and hospital length of stay data for these patients.