

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

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.
- 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

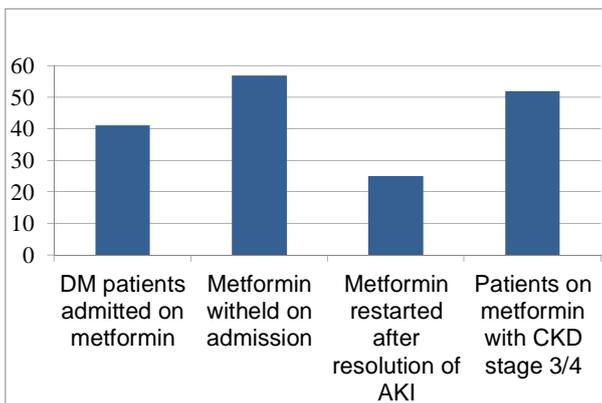
Approximately 100 patients a month are seen by the AKI team and data is recorded on demographics, co-morbidities, medications, and fluid balance.

163 patients were seen by the AKI team over a two month period (September – October 2016). 93% of those were stage 1 and 2 AKI.

We reviewed the medicines management of those patients focusing on Renin Angiotensin System blockade and metformin. 31% of these patients had diabetes (DM), all of which were Type 2. 69% were non-diabetic (NDM).

RESULTS

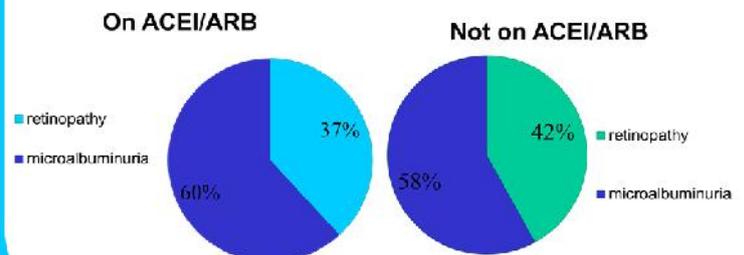
Percentage of patients seen by the AKI team who were prescribed metformin



RESULTS

- 53% were on RAS (Renin Angiotensin System) blockade.
- 66% on RAS blockade had it withheld on admission.
- 22% were restarted- all at baseline renal function. Of those not restarted – the indication was hypertension (80%) where restarting should be individualised.

Patients with diabetic complications



DISCUSSION

- A significant proportion of patients with microvascular disease are not on RAS blockade or metformin. The majority of patients on metformin had it withheld on admission but only a small proportion had it restarted on discharge. Metformin could have been restarted based on documented renal function.
- 33% of patients admitted on RAS blockade were continued on it despite AKI and should have been stopped. Where RAS blockade was restarted this was done appropriately, with renal function returning to baseline. The complex decision to restart medication in these high risk patients often defaults to primary care where specialist knowledge required to make appropriate decisions may be lacking.