

Sick day rules for patients on potential nephrotoxic drugs to prevent acute kidney injury or individual drug related adverse effects

Author: Nithin Bodapati^A

Introduction

Patients being initiated on potential nephrotoxic drugs need to be educated/counselled on sick day guidance. This is particularly important in diabetic, heart failure and chronic kidney disease patients who are usually on a combination of drugs and more prone to acute kidney injury (AKI) leading to hospital admissions.

Objective

To establish if the suggested National Institute for Health and Care Excellence (NICE) guidance of sick day rules has been conveyed to the patients to prevent AKI and adverse effects of potential nephrotoxic drugs ACEi, ARBs, diuretics, metformin, SGLT2i.

Method

Prospective study of 87 patients admitted to the hospital who have been taking one or more of the above-mentioned drugs were asked to complete a questionnaire after consent. This was followed by educating the patient regarding sick day rules-guidance according to NICE guidelines. Patient notes / summary care records were used. Renal function before and after admission was used to grade the AKI according to KDIGO classification.

Results

- Only 16 (18%) patients were given guidance; 13 knew to stop all the potential nephrotoxic drugs.
- 11 were given verbal advice, four were given leaflets and one self-educated using Google.
- Incidence of AKI in patients who had received advice and who had not was 25% and 24% respectively.
- 30% of patients using diabetes related drugs who didn't receive sick rules had AKI compared with none.
- Incidence of AKI in renal-related drugs in patients who had received advice and who had not was 18.75% vs 41.2%

Conclusion

Sick day guidance card can be an essential tool in preventing AKI.

References

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- 4 NICE. *CKS – Heart Failure – Chronic – Managing AIIIRAs – prescribing information* <https://cks.nice.org.uk/topics/heart-failure-chronic/prescribing-information/managing-aiiras/>
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Author: ^ADorset County Hospital NHS Foundation Trust, Dorset, UK