

ACUTE KIDNEY INJURY DISCHARGE/SIGN-OFF NOTE

Provide copy to patient's primary care provider, patient/family/caregiver, and fax to their local pharmacy (if possible).

Disclaimer to Patients and PCPs:

For the Patient:

You are being given this note to share with a primary care provider (family doctor or nurse practitioner). It contains medical information and follow-up steps related to your recent hospitalization for acute kidney injury (AKI). You do **not** need to read or understand this note yourself.

For the Primary Care Provider:

This note provides a summary of your patient's recent hospitalization for AKI and includes recommended lab monitoring and follow-up actions post-AKI. An optional provider survey is included at the end.

Patient Information: The above named person was admitted to hospital and developed [mild/moderate/severe] acute kidney injury (AKI) secondary to [xxxx]. The patient [did/did not] receive acute dialysis during the hospital stay. Peak Creatinine = [xxx] umol/L. Creatinine at time of documentation (date) was xxx umol/L (eGFR xx ml/min/1.73 m2).

Follow-up recommendations: Follow up of patients after AKI is important because AKI has several health implications, including increased risks of recurrent AKI episodes, progression to chronic kidney disease, cardiovascular disease, respiratory disease, and mortality.

Check one of the following	Risk Level	Recommendation
X	High Risk - heart failure, poor kidney recovery, or moderate recovery with history of cardiovascular disease, critical care, cancer, history of recurrent AKI, or frailty.	Serum creatinine and outpatient follow up for clinical review/blood pressure assessment within 1-2 weeks of discharge, if possible , and urine ACR 3 months post-discharge.
	Moderate risk - moderate recovery, or good kidney recovery with history of cardiovascular disease, critical care, cancer, history of recurrent AKI, frailty.	Serum creatinine testing and outpatient follow up for clinical review/blood pressure assessment within 1 month of discharge, and urine ACR 3 months post-discharge.
	Low risk - good kidney recovery and no significant risk factors for AKI complications.	Serum creatinine and urine ACR testing, and outpatient follow up for clinical review/blood pressure assessment within 3 months of discharge.

The following statement is only for patients with planned nephrology follow up after discharge, patients previously followed by a nephrologist, kidney transplant recipients with AKI, or patients who remain on kidney replacement therapy at discharge – otherwise, delete this statement:

There will also be planned nephrology outpatient follow-up at [setting], with kidney labs [timing or frequency] after discharge.

Medication management:

Medicines that were changed/held during hospitalisation which **require re-evaluation** post-discharge include:

a)

b)

Note this might not be an exhaustive list.

Please refer to [Medication Guidance Table \(https://www.bcrenal.ca/resource-gallery/Documents/Post_AKI-Medication_Guidance_Table.pdf\)](https://www.bcrenal.ca/resource-gallery/Documents/Post_AKI-Medication_Guidance_Table.pdf) and [Post AKI Medication Restart \(https://www.bcrenal.ca/resource-gallery/Documents/Post_AKI-Medication_Restart.pdf\)](https://www.bcrenal.ca/resource-gallery/Documents/Post_AKI-Medication_Restart.pdf) for guidance on medication management. In general, RAASi and SGLT-2i, should be restarted when steady-state renal function is achieved, if there are no contraindications. Nephrotoxic medications such as non-steroidal anti-inflammatory drugs (ibuprofen, naproxen, diclofenac) should be avoided.

Referral Recommendations:

They should be referred to a nephrologist if there is persistently reduced eGFR <60 ml/min/1.73 m² or urine ACR >10 mg/mmol for more than 3 months. If you have any questions, contact your local nephrologist or the Rapid Access to Consultative Expertise (RACE) line, 604-696-2131/toll free: 1-877-696-2131.

Primary Care Provider and Patient Resources:

For Primary Care Providers: Additional resources for management of post-acute-kidney-injury are available through BC Renal (<http://www.bcrenal.ca/health-professionals/clinical-resources/acute-kidney-injury>) or Pathways BC [Acute Kidney Injury Care Pathway \(https://pathwaysbc.ca/ci/9900\)](https://pathwaysbc.ca/ci/9900)

For patients: A patient handout on acute kidney injury was provided to the patient and is also available at <https://pathwaysbc.ca/content/items/9041>

Post-AKI Care in British Columbia Survey:

We would like to *invite you to participate* in a quality improvement project funded by *Shared Care Doctors of BC* to improve Post-AKI Care in BC, *by answering a survey* to provide feedback on this sign-off note and the other AKI resources linked above:

https://ubc.ca1.qualtrics.com/jfe/form/SV_diIofpsB7wQNMEu