healthmap

Acute Kidney Injury

What is acute kidney injury?

Acute kidney injury (AKI) is a loss of kidney function that occurs suddenly, typically over a few hours to days.

How do I know if I have AKI?

AKI is identified by doing blood tests in a hospital or doctor's office. A creatinine test is used to estimate the glomerular filtration rate (GFR). The GFR is a measurement of kidney function. If a person has AKI, blood tests will show a sudden decline in kidney function or a reduced GFR from a previous test.

Most of the time, AKI does not cause any symptoms. If there are symptoms, they may include one or more of the following:

Feeling tired

Dark or "cola-colored" urine

Shortness of breath

Sudden increase in blood pressure

Decreased urination

Confusion (in severe cases)

Swelling in the lower legs, ankles, or feet

Talk to your doctor if you have any of these symptoms.

What are common causes of AKI?

- **Not enough blood flow to the kidneys:** This is the most common cause of AKI. It can happen when blood pressure in the body is very low. This may occur after starting a new blood pressure medicine, or if you have serious vomiting or diarrhea, dehydration, an infection, or heart failure.
- **Damage to the kidneys:** Some infections, viruses, antibiotics, medicines, and medical conditions such as autoimmune disorders can harm the kidneys. Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Advil®, Motrin®) or naproxen (Aleve®), can lead to AKI if they are taken too often.
- **Blocked urine flow:** Another cause of AKI occurs when an obstruction blocks the flow of urine out of the body. This causes a backup of urine, increasing pressure in the kidneys, which can damage them. Blockages may be due to kidney stones, an enlarged prostate (in men), or tumors in the pelvis.

How is AKI treated?

Treatment focuses on addressing the cause and severity of AKI. Treatment may include the following:

- Getting fluids through an IV for those with fluid loss.
- Stopping medications that can harm the kidneys.
- Doing blood or urine tests to check what caused AKI and see if the kidneys are stable. Repeat testing is often needed.
- Obtaining renal imaging such as an ultrasound. This helps doctors examine for a blockage.
- In severe cases, a person may need dialysis until their kidney function improves. Dialysis is a procedure that replaces the job of the kidneys.

Does AKI go away?

Mild cases of AKI often get better over time without long-term kidney issues. However, severe cases of AKI can cause permanent kidney damage. This can happen if the condition that caused the AKI cannot be reversed.

What can I do to protect myself against AKI?

Adults over the age of 65 or those with diabetes, high blood pressure, kidney or liver disease, or heart failure have a higher risk for AKI. There are many steps you can take to help lower your risk:

- Keep all medical and lab test appointments.
- Call your doctor if you are very sick with fever, nausea, vomiting, or diarrhea, or if you cannot keep down food or water. If this happens, ask if you should stop taking any of your medicines until you feel better.
- If you are taking NSAIDs more than once per week, ask your doctor if there is an alternative medicine you should take.
- If you are hospitalized with AKI, see your doctor within a week after you go home. Blood tests are usually done to make sure your kidney function is improving.

Healthmap Solutions is here to help you protect your kidney health. Patients in Healthmap's Kidney Health Management program can call 1-800-481-0474 (TTY: 711) for help with your health goals. Patients must meet program requirements to access Healthmap services.

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