

## **Summary of NICE Guidelines**

Title	Acute kidney injury (AKI): use of medicines in people with or at increased
	risk of AKI.
NICE Reference	KTT17
Date of Review:	August 2017
Date of Publication	February 2016
Summary of Guidance (Max 250 words)	Many drugs can be harmful to the kidneys particularly in people with AKI or at risk of it; particularly if they have a narrow therapeutic range and are cleared renally. The risk of AKI should be assessed in people with acute illness who have predisposing risk factors, including recent use of drugs with nephrotoxic potential. Such drugs include non-steroidal anti- inflammatory drugs (NSAIDS), aminoglycosides, renin-angiotensin system (RAS) drugs or diuretics, especially if the person is hypovolaemic. AKI risk assessment should also be carried out in patients receiving iodinated contrast agents and those having surgery. There is an increased risk of AKI if drugs with nephrotoxic potential are used in the perioperative period. Serum creatinine should be monitored in all people with or at risk of AKI. The use of low-dose dopamine to treat AKI is not recommended.
Impact on Lab (See below)	None None
Lab professionals to be made aware	<ul> <li>Laboratory Manager</li> <li>X Chemical Pathologist</li> <li>Clinical Scientist</li> <li>Biomedical Scientist</li> </ul>
Please detail the impact of this guideline (Max 150 words)	Chemical pathologists treating patients at risk of AKI should be aware of the drugs with nephrotoxic potential, and should ensure regular serum creatinine monitoring. This has no impact on the routine services offered by the laboratory.

## Impact on Lab

- **None**: This NICE guideline has no impact on the provision of laboratory services
- Moderate: This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
  - **Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

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