Case Studies AKI

Case 1

- James is a 54 years old man who weighs 95 kg admitted for an appendectomy.
- He has history of diabetes and receives Insulin and Metformin
- He has CKD stage G3A3 and takes Ramipril 10 mg OD
- He also takes Omeprazole 20 mg for indigestion
- Prior to his surgery he was given Gentamycin 300 mg and Metronidazole and oral Augmentin Post operatively
- He had developed Clostridium Difficile diarrhoea
- His Current Creatinine in 210 umol/l

Case study 1

- What risk factors does James have for developing Acute Kidney Injury.
- Has James developed AKI
- What changes do you recommend to his medications
- Thoughts on Medications post discharge

Case Study 2

- Rosyln is a 84 year old woman
- Previous MI aged 76
- Breathless on exertion
- Left ventricular systolic dysfunction on echo
- Visits Heart failure clinic regularly
- Regular Meds

  Bisoprolol 5 mg

  Ramipril 5 mg

  Frusemide 40 mg

  Spironolactone 25 mg

  Aspirin 75 mg

  Simvastatin 40

Case Study 2

- BP 108/70
- Creatinine 112 umol/l
- E GFR 42ml/min/1.73 m2
- She is heading off on a planned cruise over 3 weeks

What do you tell her ?

Case Study 2

- Back from trip last few days has diarrhoea and vomiting
- BP 80/50
- Poor urine output
- Creatinine 302 umol/l

Thoughts about Mx

Case study 2

- Refuses admission as sister just died in hospital
- What do we do

Case study 2

- 2 weeks later Creatinine 170 umol/l
- Could this have been avoided
- Will she get back on her regular medications/when

Detection in Primary care
Points to Ponder

- Do we always check what the baseline is??

- Is there any e-alert system

- Caution with e- alerts