

Medicines Optimisation in **Acute Kidney Injury** (AKI) and patients **at risk** of **AKI**

- ✓ Always review medication when AKI is identified (look for ICE alerts)
- ✓ Decisions may vary dependent on the overall clinical picture, this list is not exhaustive
- ✓ Advice can be obtained from: Renal SpR (bleep 1163), renal pharmacist (bleep 1970) or renal consultant (available 24/7 via switchboard)

Withhold

Withhold Then Reassess

- ✓ NSAIDs (e.g. naproxen, ibuprofen)
- ✓ Thiazides (e.g. bendroflumethiazide)
- ✓ K-sparing diuretics (e.g. spironolactone, amiloride)
- ✓ ACE inhibitors & Angiotensin 2 Receptor Blockers ('prils & sartans)
- ✓ Metformin
- ✓ Methotrexate & Aminosalicylates (e.g. sulfasalazine, mesalazine)
- ✓ Statins & Fibrates

Review dose

Review Dose

- ✓ Antihypertensives (calcium channel blockers, -blockers, -blockers, may need to withhold)
- ✓ Nitrates & nicorandil
- ✓ Opioids (use short-acting preparations, avoid morphine & codeine)
- ✓ Tramadol (avoid long-acting preparations)
- ✓ Benzodiazepines
- ✓ Gabapentin & pregabalin
- ✓ Loop diuretics (e.g. furosemide, bumetanide)
- ✓ Aciclovir
- ✓ Fluconazole
- ✓ Aminoglycosides (e.g. gentamicin) – nephrotoxic potential, review effective alternatives
- ✓ Penicillins / Cephalosporins
- ✓ Trimethoprim (consider alternative as can raise K+ and Cr)
- ✓ Vancomycin / Teicoplanin
- ✓ Oral hypoglycaemic agents (e.g. gliclazide, glimepiride, sitagliptin)
- ✓ Levetiracetam
- ✓ Allopurinol
- ✓ Low molecular weight heparin (e.g. dalteparin)
- ✓ DOACs (e.g. rivaroxaban, apixaban,

Monitor

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- ✓ Ciclosporin (e.g. Neoral®, Capimune®)
- ✓ Tacrolimus (e.g. Prograf®, Adoport®, Advagraf®)
- ✓ Digoxin
- ✓ Phenytoin
- ✓ Warfarin
- ✓ Lithium (e.g. Priadel®) avoid if possible/seek alternative