



**Cornwall and  
Isles of Scilly**

# **Renal resource pack for adults**

**Date approved: 04 September 2024**

**NHS Cornwall and Isles of Scilly Integrated Care Board**

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## Document control

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**Lead directorate:** Primary care

**Lead team:** Medicines optimisation

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**Author(s) name:** Pollyanna Bastian, Paige Rickard, Aleksandar Sokerov, Heidi Campbell

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**Can this policy be released under FOI?** Yes

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## Version control

Version number	Revision date	Revision by	Nature of revisions
1	unknown	Pollyanna Bastian	New document
2	2021	Paige Rickard/ Pollyanna Bastian	Amended format as per accessibility guidelines, addition of renal resources and coronavirus, addition of appendix 2, addition of prescribing in patients with renal impairment at end of life, contact list updated. Addition of guidance from Royal College of General Practitioners, advice to contact renal transplant team for renal transplant patients with acute kidney injury, hyperkalaemia management of renal patients. Acute kidney injury hospital bundle removed. Addition of National Institute for Health and Care Excellence chronic kidney disease guidance.

Version number	Revision date	Revision by	Nature of revisions
3	October 2021	Paige Rickard	Following suggestion from area prescribing committee and advice from Pollyanna Bastian renal association guidance hyperkalaemia replaced with link to acute GP guidance.
4	August 2023/December 2023	Paige Rickard/ Aleksandar Sokerov	Updated to new template. Removed information about think kidneys working group. Link to RCGP AKI toolkit post hospital guidance removed as no longer working, updated to mention primary care guidance. Updated COVID-19 section as replaced by NG191. Advice and guidance E-RS information added as email not in use. Palliative and EOL advice line info added as per GP bulletin 23/8/23. Contacts updated. AKI toolkit RCGP added. Removed South West strategic clinical network link as not working.
5	May 2024	Paige Rickard/Aleksandar Sokerov/ Heidi Campbell	Links to think kidneys removed as website archived and warning added. Links to UKKA as per think kidneys website advice and UKKA email. Link to London Kidney Network added. Lokelma formulary guidance updated as per MW.
6	June 2024	Paige Rickard	EOL care advice line information updated as per KL
7	Sept 2024	Heidi Campbell	Contact list on page 6 updated to remove Steve Dickson, who no longer works for the team.

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## Introduction

This pack has been put together with input from the Royal Cornwall Hospitals Trust (RCHT) and the NHS Cornwall and Isles of Scilly Integrated Care Board (ICB) prescribing team.

If you have any queries, please contact the ICB [prescribing team](#) or for specialist advice contact the renal team via the contacts below.

## Purpose

This document aims to provide signposting for clinicians to important local and national resources when managing adult patients with renal conditions.

## Definitions

RCHT: Royal Cornwall Hospitals Trust

ICB: NHS Cornwall and Isles of Scilly Integrated Care Board

NICE: The National Institute for Health and Care Excellence

AKI: acute kidney injury

LKN: London Kidney Network

UKKA: UK Kidney Association

## Responsibilities

Updated versions will be communicated to primary care via appropriate means, for example, the prescribing shots newsletter. Secondary care teams will be informed at monthly renal governance.

The medicines optimisation team and RCHT renal team are responsible for reviewing this policy and updating when due, or earlier if required (for example, if renal team become aware of updates in their teams' contacts or new guidance that should be included).

## Renal team contacts and advice

RCHT offers an advice and guidance service on e-Referrals for nephrology queries.

The advice and guidance service has been established to offer non-urgent advice on nephrology queries when direct referral into secondary care may not be necessary. The service will advise on management and treatment options for GPs to consider prior to referral where appropriate, with the aim of reducing the number of patients who need to be seen face to face.

If the patient is already under the care of one of the consultant nephrologists, please detail this in the request. Clinical responsibility remains with the GP until the patient is seen within secondary care.

All advice and guidance requests for this service must now be submitted through e-Referrals and replace the email service previously offered.

For urgent advice and guidance, please contact the on call renal consultant via RCHT switchboard.

## Renal secretaries and consultants contacts

Dr Giorgio Gentile, consultant in renal medicine (including transplant and joint lead consultant)

Secretary: Donna Davies

Email: [donna.davies15@nhs.net](mailto:donna.davies15@nhs.net)

Telephone: 01872 252734

Dr Paul Johnston, consultant in renal medicine (including transplant)

Secretary: Kathy Eldridge

Email: [kathyeldridge@nhs.net](mailto:kathyeldridge@nhs.net)

Telephone: 01872 253241

Dr Rob Parry, consultant in renal medicines (transplant lead)

Secretary: Kathy Eldridge

Email: [kathyeldridge@nhs.net](mailto:kathyeldridge@nhs.net)

Telephone: 01872 253241

Dr Jon Stratton, consultant in renal medicine (joint lead consultant)

Secretary: Donna Davies

Email: [donna.davies15@nhs.net](mailto:donna.davies15@nhs.net)

Telephone: 01872 252734

Dr Juanine Louw, consultant in renal medicine (including transplant)

Secretary: Alisa Dray

Email: [alisa.dray@nhs.net](mailto:alisa.dray@nhs.net)

Telephone: 01872 252831

Address for correspondence:

Department of renal medicine

Royal Cornwall Hospital

Truro

TR1 3LJ

## Renal pharmacist contacts

Aleksandar Sokerov

Specialist Renal Pharmacist

Available Monday to Friday 8:30am to 5pm

Email: [Aleksandar.sokerov@nhs.net](mailto:Aleksandar.sokerov@nhs.net)

Alternative email: [rcht.pharmacyteammed@nhs.net](mailto:rcht.pharmacyteammed@nhs.net)

Telephone: 01872 252598

## Renal dietitian contacts

Stuart Gerty, lead renal dietitian  
Telephone: 01872 252409 or 0776 8636019  
Email: [stuart.gerty@nhs.net](mailto:stuart.gerty@nhs.net)  
Available Monday to Friday 9am to 5pm

Suzi Laycock, renal dietitian  
Telephone: 01872 252409 or 0782 5968143  
Email: [susan.laycock1@nhs.net](mailto:susan.laycock1@nhs.net)  
Available: Monday, Tuesday, Thursday, Friday 8am to 4pm

## Renal specialist nurses contacts

Before contacting renal specialist nurses, please consider whether they are the most appropriate contact. For acutely unwell patients, especially if not known to the renal team, the medical team may be the most appropriate point of contact.

In addition, please be aware that most renal nurses are not independent prescribers, so may need to discuss with a consultant before advising on medication.

For urgent advice and guidance, please contact the on call renal consultant via RCHT switchboard.

### Home dialysis nurses including peritoneal dialysis

Emmanuel Asimah  
Rebecca Bartle  
Abi Henderson  
Email: [rcht.homedialysis@nhs.net](mailto:rcht.homedialysis@nhs.net)

### Renal anaemia

Sharon Benton  
CNS – Renal Anaemia Specialist Nurse  
Available Tuesday, Wednesday and Fridays  
Telephone: 01872 253499

### Predialysis nurses –support for those reaching end stage renal failure (ESRF)

Emma Trebilcock  
Specialist nurse for predialysis education  
Telephone: 01872 252065

Susan Durkin  
Specialist nurse for predialysis education  
Available Monday, Tuesday, Thursday and Friday 7.30am to 5.30pm  
Telephone: 01872 252065

## **Transplant nurses –support and management of those patients who have either had or are being worked up for a transplant**

Emma Johns

Lead specialist nurse in transplant and independent prescriber

Available Monday, Tuesday, Thursday 7am to 7.30pm

Telephone: 01872 252292

Samantha Abbott

Specialist nurse in transplant

Available Monday 7am to 430pm, Tuesday and Wednesday and Fridays 7am to 5pm

Telephone: 01872 252292

## **Renal social support nurse**

Andrea Cabanig

Renal specialist practitioner

Telephone:01872 252081

## **Out of hours support:**

Out of hours support

Grenville ward

Available 24 hours a day, 7 days a week

Telephone: 01872 252010

RCHT provides an on-call pharmacist service available out of hours (5pm-8:30am) every day including holidays. It can be used when urgent pharmaceutical advice or supply is needed out of hours. Available via RCHT switchboard.

## **Acute kidney injury resources and guidance**

The National Institute for Health and Care Excellence (NICE) has produced a [guideline](#) on acute kidney injury (AKI) covering prevention, detection and management.

The [UK Kidney Association](#) (UKKA) also has a number of [guidelines](#) around AKI.

The Royal College of General Practitioners has developed an [AKI toolkit](#), including guidance on primary care management after an episode of AKI.

Previously, clinicians were directed to the [think kidneys website](#), which had a range of information aimed at primary care around how to manage AKI. The website and resources are still available, however, is now in archive and therefore information is no longer being updated or maintained, therefore clinicians must use caution if using these resources.



## Acute kidney injury and medicines advice

RCHT have developed their own sick day guidance statement: RCHT renal department are in agreement with the current guidance whereby sick day guidance should be provided on an individual patient basis rather than as a set of specific rules. If a renal transplant patient should present with an AKI please contact the renal transplant team.

The renal drug handbook is also available and can be accessed using an open athens account via the library catalogue at the [Cornwall health library website](#), this is a helpful resource to review dosage of medication and whether it may need to be reduced if a patient's renal function has declined.

Please seek advice from the renal team or medicines optimisation team if any further support is required.

## Chronic kidney disease guidance

NICE has produced guidance covering [CKD: assessment and management](#). This guideline covers care and treatment for people with, or at risk of, CKD. It aims to prevent or delay the progression and reduce the risk of complications and cardiovascular disease. It also covers managing anaemia and hyperphosphataemia associated with CKD.

[Guidelines on CKD coding in primary care](#) are also available from the London Kidney Network (LKN). The appendix of this guideline also contains LKN CKD early identification and optimisation pathways.

Other guidelines are also available from the [UKKA website](#).

## Patient resources

The UKKA directs to the [kidney care UK website](#) for patient information booklets. Information in the booklets has been produced in partnership with the UKKA.

## Prescribing in patients with renal impairment at end of life

Guidance has been produced covering [prescribing in patients with renal impairment at end of life \(estimated glomerular filtration rate less than 30\)](#). This guidance can also be found on the [formulary website](#) under [palliative care resources](#).

Please seek advice if you have any questions at all about symptom control, side effects, management or prescribing advice via the following contacts:

- RCHT: specialist palliative and end of life care team on bleep 3055 via RCHT switchboard (hours of work daily 8am to 4pm)
- Community setting: Bodmin switchboard 01208 251300 (daily 9am to 5pm)

For advice outside of these hours contact Cornwall hospice care advice line on 01736 757707. This can be used for requesting in-patient admissions to Cornwall Hospice Care, or healthcare professional advice in any setting.

Specialist palliative consultant advice remains available via the 24/7 advice line, with Supportive Care UK (a national community of senior consultants) available for expert guidance between the hours of 5pm and 9am on the same phone number.

Please be aware that this is not an emergency response service, and a proactive approach to palliative and end of life care is best practice. Patients should have a timely review prior to seeking specialist consultant advice.

## Renal resources and COVID-19

Information on AKI in COVID-19 is available in the NICE [COVID-19 rapid guideline: managing COVID-19](#).

## Hyperkalaemia management of renal patients

There is guidance on hyperkalaemia in primary care on the [acute GP service website](#). This may be helpful for practice teams although support can always be sought from the renal team for advice using the contacts above.

[Sodium zirconium cyclosilicate](#) (Lokelma) is a potassium lowering medication (specialist initiated on the formulary), it is now available in both primary and secondary care in line with [NICE TA599](#).

For information: [Patiomer](#) (Veltassa) is another medication used for treatment of hyperkalaemia in adults, this is also a hospital only drug and is not used in Cornwall.

# Appendix 1: patient safety alert- standardising the early identification of AKI



## Patient Safety Alert

**Stage Three: Directive**  
*Standardising the early identification of Acute Kidney Injury*  
 9 June 2014

Alert reference number: NHS/PSA/DI/2014/010

Alert stage: Three - Directive

National patient safety data tells us that patients are dying and suffering severe harm due to a delay in detecting Acute Kidney Injury (AKI). AKI often occurs without causing any symptoms or signs and its presence frequently goes unrecognised by patients and doctors alike.

*"A patient with a complex physical and mental health background became unwell over a weekend. Despite persistent hypotension there was no record of fluid balance. Bloods were delayed until late Sunday night, indicating acute kidney injury. Acute kidney injury not recognised or commented on until mid way through the following day. Medications given to the patient over the weekend included drugs contraindicated in renal failure. The patient was admitted to ICU and an admission was unconscious/shocked. There were multiple systematic failures in the management of this patient including a life threatening delay in critical care of >12 hours and systems failure in the recognition of deteriorating patients."*

Acute Kidney Injury (AKI) is a sudden reduction in kidney function. Complex long term medical conditions, medication and intercurrent illness are often complicated by AKI. It is estimated that 1 in 5 emergency admissions into hospital are associated with AKI, prolonging inpatient care and contributing to 100,000 deaths in secondary care. National Confidential Enquiry into Patient Outcome and Death (NCEPOD) estimated that one quarter to one third of cases have the potential to be prevented.

A national algorithm, standardising the definition of AKI has now been agreed. This provides the ability to ensure that a timely and consistent approach to the detection and diagnosis of patients with AKI is taken across the NHS.

This algorithm has been endorsed by NHS England and it is recommended that the algorithm is implemented across the NHS. When integrated into a Laboratory Information Management System (LIMS) the algorithm will identify potential cases of AKI from laboratory data in real time and produce a test result. The laboratory system will then send the test result, using existing IT connections to patient management systems.

NHS England in partnership with the UK Renal Registry has launched a National AKI Prevention Programme which will include the development of tools and interventions. A priority for the Programme is the development and adoption of e-alert systems, based on the test result, which will proactively notify clinicians when a patient has AKI, supporting implementation of AKI NICE guidance (CG169).

Although primary care is an important focus for detection and prevention of AKI, it is anticipated that AKI results will be sent to primary care in a second phase of the programme. Meanwhile Trusts are expected to discuss with primary care representatives the management of AKI test results, particularly at times when deputizing services are providing medical cover.

Further support will be provided by the National Programme as exemplar e-alerting systems are developed: [www.england.nhs.uk/AKIProgramme](http://www.england.nhs.uk/AKIProgramme)

The AKI detection algorithm can be found at the following link: [www.england.nhs.uk/aki-algorithm](http://www.england.nhs.uk/aki-algorithm)

### Actions

**Who:** NHS acute trusts and foundation trusts providing pathology services

**When:** By 9 March 2015

- 1 Bring this alert to the Director of Pathology/IT with responsibility for the upgrading of LIMS systems.
- 2 Work with local LIMS supplier to integrate AKI algorithm into LIMS system
- 3 Work with local LIMS supplier to ensure the test result goes to local Patient management systems and into a data message sent to a central point for national monitoring purposes
- 4 Communicate with appropriate primary care providers to ensure they seek advice if test results are received
- 5 Regularly access NHS England AKI website where additional resources and information will be provided as developed

**Supporting information**  
 For further information to support the implementation of this alert go to [www.england.nhs.uk/aki-algorithm](http://www.england.nhs.uk/aki-algorithm)

Patient Safety | Domain 5  
[www.england.nhs.uk/patientsafety](http://www.england.nhs.uk/patientsafety)

Contact us: [patientsafety.enquiries@nhs.net](mailto:patientsafety.enquiries@nhs.net)  
 Sign up for regular updates: [www.england.nhs.uk/patientsafety](http://www.england.nhs.uk/patientsafety)

Publications Gateway Reference: 01702

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## Appendix 2: patient safety alert - resources to support the care of patients with AKI



Classification: Official



### Patient Safety Alert

*Resources to support the care of patients with acute kidney injury*

17 August 2016

Alert reference number: NHS/PSA/RE/2016/007

Alert stage: Two - Resources

Acute kidney injury (AKI) is a sudden reduction in kidney function. It is not a physical injury to the kidney and usually occurs without symptoms, making it difficult to identify. Late diagnosis can miss opportunities for early treatment, leading to prolonged and complex treatment and reducing the chances of recovery.

In England over half a million people develop AKI every year and 5-15% of all admitted hospital patients are affected.<sup>1</sup> Around 40,000 excess deaths per annum are associated with the condition, up to a third of which are thought to be preventable.<sup>2</sup> Older people and those with chronic conditions such as heart failure, diabetes and chronic kidney disease are particularly vulnerable at times of acute illness such as sepsis.

In 2013, to further raise awareness of key steps in diagnosing and treating AKI, a three year National AKI Prevention Programme was established in partnership with NHS England and the UK Renal Registry (part of the Renal Association) under the brand 'Think Kidneys'.

This Patient Safety Alert has been issued to continue to raise awareness of AKI and to signpost clinicians from all care settings, including GPs and community pharmacists, to a set of resources developed by Think Kidneys. The resources support the public and staff working in acute, primary and community care to better understand kidney health and to help prevent, identify and manage AKI.

The Think Kidneys resources for primary care should provide the necessary support for GPs so that the results of any AKI tests they request can be sent directly back to them from the laboratory.





The AKI resource set is available on the Think Kidneys website [www.thinkkidneys.nhs.uk/aki/think-kidney-publications/](http://www.thinkkidneys.nhs.uk/aki/think-kidney-publications/)

A previous Patient Safety Alert 'Standardising the early identification of Acute Kidney Injury'<sup>3</sup> was issued by NHS England in June 2014 to draw attention to the safety implications of AKI. That alert made it a requirement that the AKI algorithm, endorsed by NHS England, was integrated into trust laboratory information management systems and data sent to the UK Renal Registry.

### Actions

**Who:** Providers of NHS-funded care in all settings where patients may have AKI including acute, community and mental health care, general practice and community pharmacies

**When:** To commence as soon as possible and to be completed no later than 17 February 2017

-  Bring this alert to the attention of those holding leadership roles for AKI in your organisation (eg medical directors in secondary care, lead GPs and lead pharmacists in primary care).
-  Review the resources signposted in this alert and identify how they can be used to ensure care provided by your organisation is in line with guidance.
-  Develop an action plan to ensure any relevant resources are used to improve local systems and processes for the care of patients with AKI.
-  By either circulating this alert or through local alternatives (such as newsletters, local awareness campaigns etc) ensure that all frontline staff are aware of the key messages and any linked resources relevant to their practice.

**See page 2 for references and details of stakeholder engagement**

Patient Safety  
[improvement.nhs.uk/resources/patient-safety-alerts](http://improvement.nhs.uk/resources/patient-safety-alerts)

Contact us: [patientsafety.enquiries@nhs.net](mailto:patientsafety.enquiries@nhs.net)

NHS Improvement (August 2016)

Publication code: IT 05/16



## Implementation plans and monitoring effectiveness

Document to be added to formulary website under local resource packs.

## Update and review

3 years from approval date (unless update required before then, for example, due to updates in renal team contacts or new guidance that secondary care would like added).

## Policies referred to in this document

- 1) Acute kidney injury: prevention, detection and management. NICE guideline [NG148]. Published 18 December 2019 [accessed 25 November 2020]. Available from: <https://www.nice.org.uk/guidance/ng148>
- 2) Think kidneys. UK renal registry 2020 [accessed 25 November 2020]. Available from: <https://www.thinkkidneys.nhs.uk/>
- 3) Guidance for prescribing in patients with renal impairment at the end of life (estimated glomerular filtration rate <30). Adams S, Thomas E, Carey A, Hart A, Gibbins J, Scott K, Lanchbury L. September 2020. Available from: [https://eclipsesolutions.org/UploadedFiles/508\\_CHA4472GuidanceForPrescribingInPatientsWithRenalImpairmentAtTheEndOfLife.pdf](https://eclipsesolutions.org/UploadedFiles/508_CHA4472GuidanceForPrescribingInPatientsWithRenalImpairmentAtTheEndOfLife.pdf)
- 4) COVID-19. NICE 2020 [accessed 25 November 2020]. Available from: <https://www.nice.org.uk/guidance/conditions-and-diseases/infections/covid19>
- 5) Acute kidney injury toolkit. Date unknown. Royal College of General Practitioners [accessed 20 August 2020]. Available from: [Acute Kidney Injury Toolkit \(rcgp.org.uk\)](https://www.rcgp.org.uk/acute-kidney-injury-toolkit)
- 6) Lokelma 10 g powder for oral suspension. April 2021. AstraZeneca UK Limited [accessed 20 August 2020]. Available from: [Lokelma 10 g powder for oral suspension - Summary of Product Characteristics \(SmPC\) - \(emc\) \(medicines.org.uk\)](https://www.medicines.org.uk/medicines/10g-powder-for-oral-suspension-summary-of-product-characteristics-smpc-emc)
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- 10) COVID-19 rapid guideline: managing COVID-19. NICE guideline [NG191]. Last updated 22 June 2023. Accessed 18 August 2023. Available from: <https://www.nice.org.uk/guidance/NG191>
- 11) RCHT advice & guidance. Renal. RMS clinical referral guidelines. Accessed 21 August 2023. Available from: <https://rms.cornwall.nhs.uk/primary-care-clinical-referral-criteria/primary-care-clinical-referral-criteria/renal/rcht-advice-and-guidance>
- 12) The UK Kidney Association. Date unknown. Accessed May 2024. Available from: <https://ukkidney.org/>

- 13) Guidelines on Chronic Kidney Disease (CKD) Coding in Primary Care London Kidney Network Expert Consensus. 19/4/23. Available from: <https://londonkidneynetwork.nhs.uk/wp-content/uploads/2023/09/LKN-CKD-Coding-Guidelines-19.4.23-Final-v2.1-1.pdf>
- 14) Patient information booklets, Kidney care UK. Date unknown. Accessed May 2024. Available from: <https://kidneycareuk.org/get-support/free-resources/patient-information-booklets/?page=1#listing>

## Consultation on this policy

Shared with RCHT renal team for secondary care input, including any new guidance/changes to include.

Shared to medicines optimisation lead pharmacist and head of prescribing support unit for comment.