

# Acute kidney injury

Kidney services

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Information for Patients

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## Introduction

You have been told that you have acute kidney injury. This leaflet will explain what that means. It will try and answer any questions you may have. If you need any more information please speak to the doctor or nurse looking after you.

## What is acute kidney injury?

Acute kidney injury happens when the kidneys over a few hours or days stop working properly. It is often because of illness, dehydration, or side effects of some medicines you may take when you are unwell. Sometimes it can be because of more than one reason. It is **not** because of physical injury, as the name may suggest. Acute kidney injury is often called AKI.

AKI can get better in a few days or weeks. Sometimes it can cause lasting problems. Sometimes AKI causes long term damage. This is known as chronic kidney disease (CKD).

## How do I get diagnosed?

- We will take a sample of your pee to check for blood and protein.
- We may do an ultrasound of your kidneys if the doctor suspects any blockages.
- We will do a blood test to measure the level creatinine in your blood. Creatinine is made by body muscles and is removed by the kidneys. High levels of creatinine mean that the kidneys are not getting rid of waste products.

At Leicester's Hospitals we now use electronic alerts to tell doctors their patients may have AKI.

**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

Visit [www.uhleicester.nhs.uk](http://www.uhleicester.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [uhl-tr.informationforpatientsmailbox@nhs.net](mailto:uhl-tr.informationforpatientsmailbox@nhs.net)

## What do the kidneys do?

Most people have 2 kidneys. The human body can also work with just 1. They are in your back partly protected by your ribs. They are 'bean shaped' and often the size and weight of a mobile phone. The main function of the kidneys is to remove fluid and waste products from your body by making pee (urine). The urine then passes down a tube (ureter) from each kidney and is stored in the bladder until you go to the toilet. The kidneys also play an important part in regulating other functions of the body. These include controlling blood pressure, making hormones to keep the bones healthy and helping the body to make more red blood cells to stop you from becoming anaemic.

## What are the symptoms?

Most patients have no real symptoms of AKI and it is only detected by a blood test.

## How did I get it?

The most common cause getting AKI are:

- Dehydration from illness like sickness and diarrhoea.
- Not eating and drinking enough.
- Infection.
- Blockage to urine flow.

Sometimes medicine that you make take for other reasons can affect the kidneys when you are unwell. Doctors at University Hospitals of Leicester will review your medications and give advice on which ones that may need to be temporarily stopped.

## What treatment will I need?

The treatment you need will depend on the cause of your AKI. Some patients need extra fluid which may be given through a drip if they are dehydrated. If we think you have an infection we will give you antibiotics. You may need a urinary catheter inserted into your bladder to help with the drainage of your urine. The nurses will keep a close record of all the fluids you take and every time you pass urine to make sure you are getting enough fluid. We will do more blood tests to check that your kidney function is improving. Sometimes some of the regular medication you take may be temporarily stopped or the dose reduced.

## Can I get better?

For most people their AKI will get better and their kidney function will return to normal in a few days or weeks. Sometimes, some patients' kidney function does not improve after treatment. If this happens you would be referred to the kidney doctor (Nephrologist) for specialist care. You may need to have your blood filtered through a machine that cleans the blood of the waste products. This procedure is called dialysis. This is often a temporary treatment whilst the kidneys recover. This is very rare and most people recover without needing this treatment.



## Can I get it more than once?

**Yes.** Patients who have had AKI are more at risk of getting it again in the future. You may be more at risk of developing AKI again if:

- You are over 65 years of age.
- You have underlying kidney disease (known as Chronic Kidney Disease).
- You have diabetes.
- You have heart or liver disease.
- You need help with eating and drinking.

## How can I stop getting it again?

Make sure you eat and drink well. You should contact your GP or practice nurse right away if:

- You have vomiting or diarrhoea for more than 24 hours (1 day).
- You cannot keep fluids down.
- The amount of urine you are passing has decreased.
- You have a fever, sweating and shaking. This may be signs of an infection.

In some cases your GP may advise you to temporarily stop certain medications like blood pressure tablets, water tablets or certain anti-inflammatory drugs or painkillers while you are unwell. **Do not** do this yourself without talking to your GP.

## Do I need follow-up care after I leave the hospital?

If your creatinine level has not returned to normal before discharge from hospital you may be asked to go to your GP practice to get repeat blood tests. This to check your kidney function.

If any of your medication were temporarily stopped whilst you were in hospital because of AKI, your GP will review and explained in your discharge letter.

If you need any more information please talk with your doctor or GP.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل  
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