

KEEPING THE KIDNEYS HEALTHY ROLE OF THE CARDIOLOGIST

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Why should cardiologists be interested in kidneys?

- ▣ CIN
- ▣ Standard treatments post MI and heart failure include nephrotoxic drugs ACEI ARBS spironolactone loop diuretics
- ▣ Increasingly elderly patients with complex medical conditions are being treated by protocols only trialled in younger populations, drug titration is time consuming one episode of AKI can lead to undoing of all this hard work

CIN

- ▣ Following CEPOD guidance in 2009 and a SUI the renal team developed a protocol for contrast use in renal impairment (acetyl cysteine 600 mg bd for 48 hours and NA bicarbonate 1 hour before and 6 hours after)
- ▣ Introduction of this protocol caused huge resistance amongst cardiologists
- ▣ We don't have a problem, the fluid will be harmful to our patients

CIN 2

- ▣ To demonstrate the problem I performed an audit and showed that of 1000 angios done in just under a year we had had 16 cases of AKI one requiring dialysis and increased length of stay
- ▣ Still reluctance to perform the protocol unless creatinine >200
- ▣ However the arguments lead to an increased awareness of the problem and consideration of the need to prehydrate high risk patients and use of the protocol at lower creatinine levels

Sick Day Advice

- ▣ Following first national CVD meeting I became aware of the concept of sick day advice
- ▣ In conjunction with community cardiac nurses, nephrologists, Local GP's we developed a strategy to attempt to address this. This has three strands to it
 - Discharge advice for AKI patients
 - Patient advice leaflets on what to do when they become ill
 - GP advice sheet

Discharge summary advice

- ▣ This patient has had an episode of AKI during this admission. Renal function should be rechecked 2-4 weeks after discharge and longer term monitoring should be considered if it remains abnormal. RAAS blocking drugs (eg ACE inhibitors, ARBs) should be restarted once renal function has recovered if there is a good indication for their continued use (eg heart failure, diabetic nephropathy).

GP Information Sheet

- ▣ Information on what to do in hyperkalaemia and when to stop acei etc in deteriorating renal function
- ▣ Risk factors for AKI
- ▣ What to do after an episode of AKI
- ▣ What to do in cases of hyperkalaemia when to admit etc

Sick day advice for patients on ACEI etc

- ▣ There are two versions of this one for cardiology patients largely heart failure which includes a blood form and the numbers of the cardiology nurses to ring for advice if they become unwell and general patient advice which is to contact GP services for advice

ROLL OUT

- ▣ Cardiac nurses have already started giving out the information and blood forms
- ▣ Agreement from the cardiologists to use this information
- ▣ Promotion to the GPs at Target meetings in July
- ▣ Working with the pharmacy department to Attach message to electronic discharge summaries