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Effect of early versus late referral on the recovery of hospital acquired-acute kidney injury (HA-AKI) in non-critically ill adult patients in a tertiary hospital

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Objectives: This study was undertaken to compare the clinical outcomes of patients with HA - AKI with respect to the timing of referral.

Methods: This is a retrospective cohort study of adult patients in a single tertiary institution who developed acute kidney injury after at least 24 hours of hospital stay and was referred early, defined as within <48 hours of AKI onset, or late, defined as referral after 48 hours of AKI onset.
Chart review was done and pertinent data such as baseline creatinine, length of hospital stay and clinical course during their hospital admission were extracted. Outcomes and creatinine trends were also evaluated within 3 months of discharge.

Results: A total of 166 patients were referred to nephrology for hospital–acquired AKI. 153 (92.17%) were early referrals, and 13 (7.83) were late referrals. The mean age of patients with early referrals was 66.64 (+/-15.86) years, and among late referrals, the mean age was 67 years (+/-18.45). Among those with late referrals, 10 (76.92%) were females, while among those with early referrals, 84 (54.9%) were males. Patients showed a mean duration of AKI resolution of 5.88 days (SD 11.83 days) and 16.56 days (SD 17.03 days) among early and late referrals, respectively, with a p-value of 0.0133.
There were no significant differences between the two groups regarding AKI and CKD progression and need for renal replacement therapy.

Conclusions: This study showed that patients who were referred to nephrology service within 48 hours of an AKI episode had a significantly shorter time to AKI resolution. While there were no significant differences in CKD progression or need for RRT, a shorter time to AKI resolution would intuitively minimize long-term complications as well as hospital stay.

Table 1. Demographic profile of patients referred for AKI