

# HOSPITAL ACQUIRED KIDNEY INJURY IN NON CRITICALLY ILL PATIENTS

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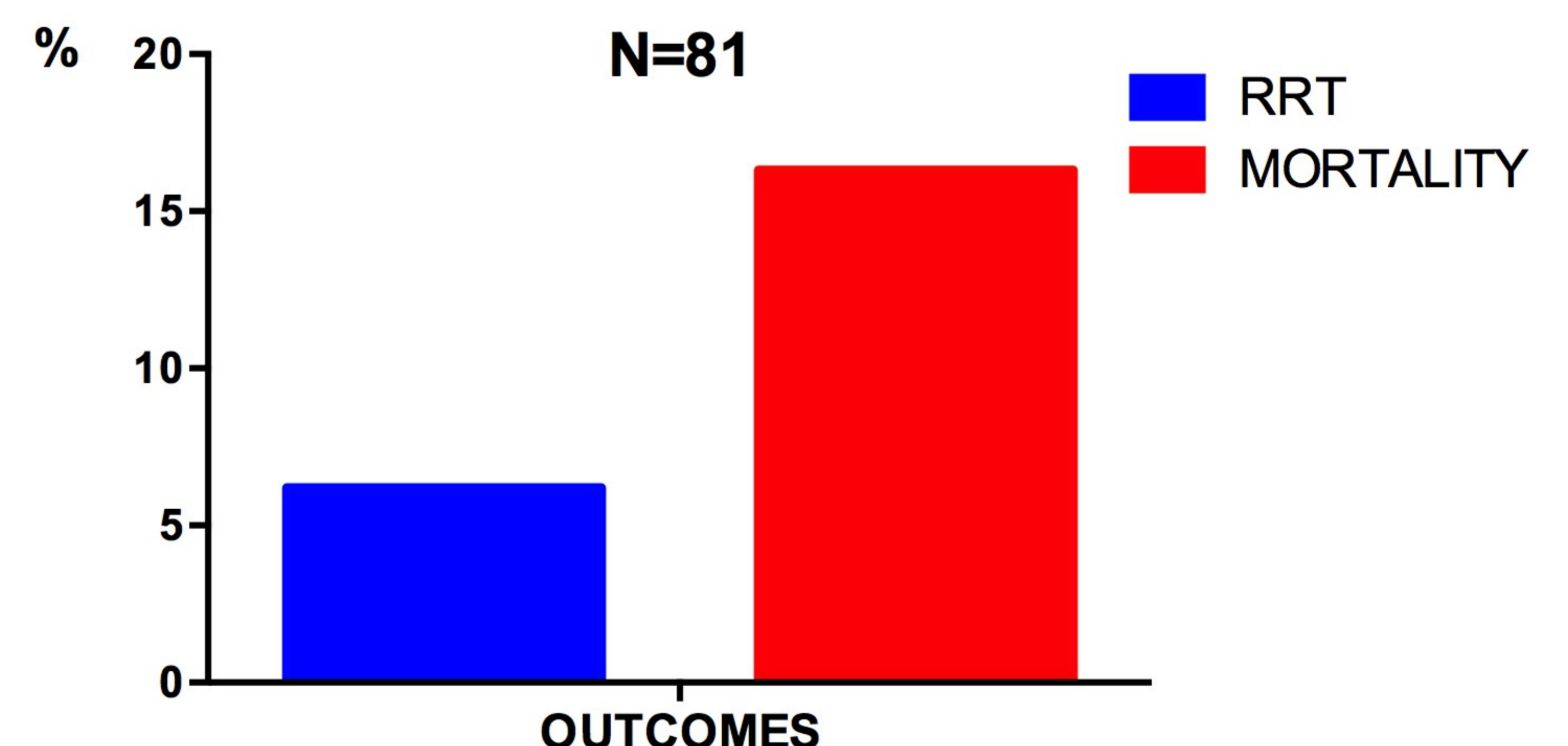
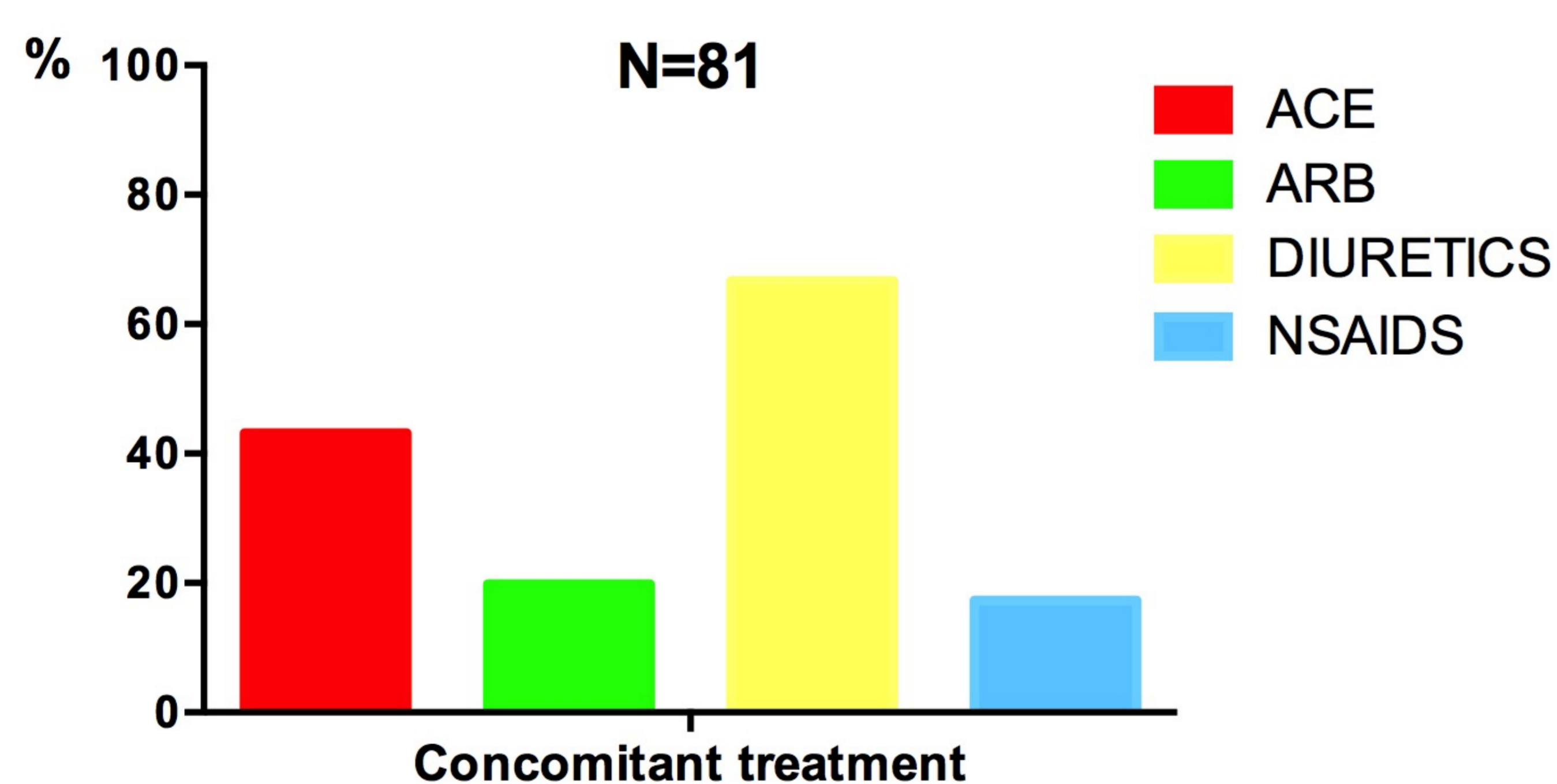
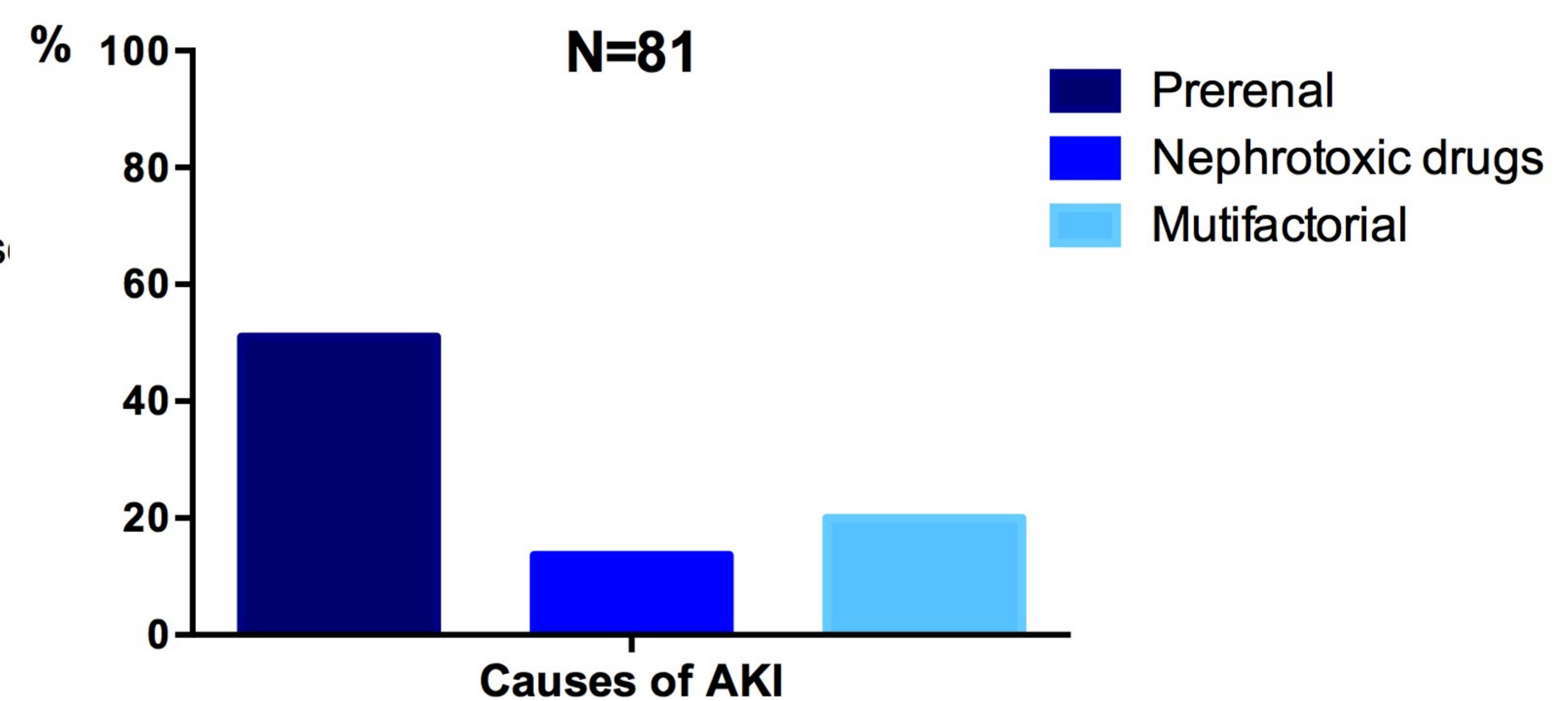
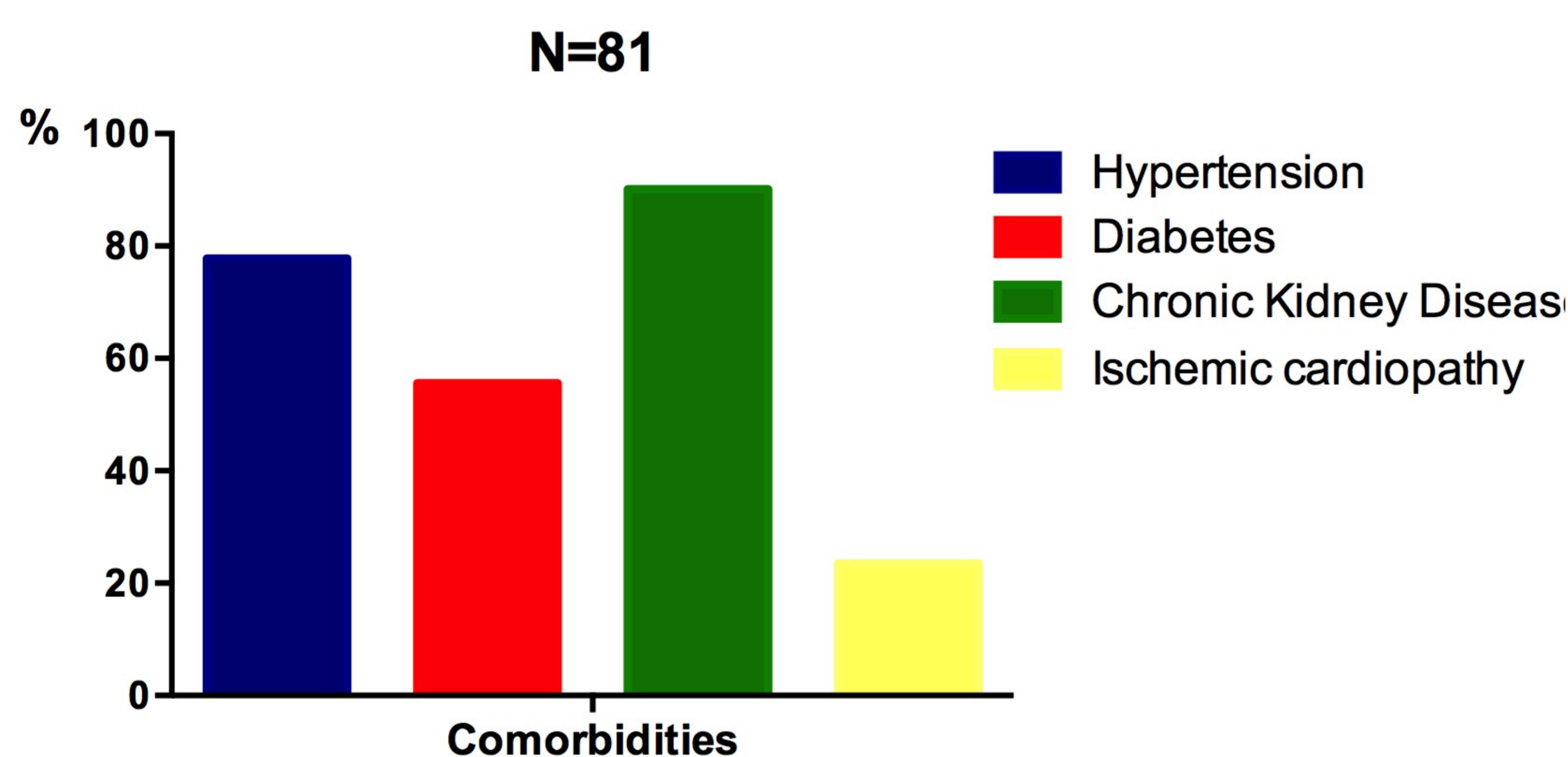
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**INTRODUCTION AND AIMS:** Acute kidney injury (AKI) is recognized as one of the most serious complications of hospitalized individuals. It is strongly associated with increased mortality, length of stay and a higher risk for the development of chronic kidney disease. The aim of our study was characterize the epidemiology of AKI according to the most recent consensus definition proposed by the Kidney Disease Improving Global Outcomes (KDIGO) Work Group in our hospital.

**MATERIAL AND METHODS:** We performed a retrospective analysis of patients admitted in our hospital from 2010 to 2015. We included patients diagnosed AKI using KDIGO criteria during their hospital stay and were evaluated by the nephrology department. Because of possible elevated serum Creatinine (SCr) values before hospitalization and to exclude community acquired AKI, we used the latest outpatient SCr value (3 months before the day of admission) Exclusion criteria were: Previous renal function unknown, AKI diagnosed at admission and critically ill patients.

**RESULTS:**The study included 81 patients with a total of the median age was 71.37 years ( $\pm 11.45$ ); 64.2% were male The median length of stay was  $33.83 \pm 45.57$  days (IQR, 2–7).



The principal cause to initiate RRT was pulmonary edema and the median duration was  $6.2 \pm 4.3$  days. No patient need RRT at hospital discharge. The mean time nephrology consultation from diagnosis of AKI was  $1.81 \pm 1.97$  days. Renal function at hospital discharge was  $43.34 \text{ ml/min} \pm 15.45$ .

**CONCLUSIONS:** Incidence of hospital-acquired AKI is high and its associated with an increased risk for in-hospital morbidity and mortality.