

Good Practice Guidance for Care Homes

Think “Kidneys” before administering medicines to residents who are unwell

Does the resident show any of these symptoms?

- Severe nausea, vomiting or diarrhoea
- Increased confusion
- Fevers, sweats, shaking (symptoms of infection)

Some medications can affect the kidneys and make ill residents more unwell. If a resident is presenting with the above symptoms check with a GP or pharmacist before administering medication.

If it is advised to withhold certain medication:

- Record details of advice including the plan for restarting the medication in the care plan.
- When a medication is “withheld”, as a result of illness, record using the appropriate code on the MAR sheet. DO NOT record as stopped.
- Ensure all staff are aware of the advice to withhold medication on handover

Once the resident is well again (this is when they have been eating and drinking normally for one to two days) follow the instructions in the care plan for **restarting any medication being withheld.**

Examples of drugs that can make an unwell resident even more unwell. Please note these are examples of common drugs that can contribute to acute kidney injury (DAMN drugs) and the list is not exhaustive			
Type	Examples	Also known as	
Diuretics	<i>e.g. Furosemide</i>	Diuretics	D
Medicine names ending in “-pril”	<i>e.g. Lisinopril, Perindopril, Ramipril</i>	ACE inhibitors	A
Medicine names ending in “-sartan”	<i>e.g. Losartan, Candesartan, Valsartan</i>	ARBs	
Medicine for diabetes	<i>e.g. Metformin</i>	Metformin	M
Anti-inflammatory pain relief	<i>e.g. Ibuprofen, Diclofenac, Naproxen</i>	NSAIDs	N

For further practical resources to raise awareness and help with the prevention, detection and management of acute kidney injury in care homes visit. <https://www.thinkkidneys.nhs.uk/aki/resources/care-homes/>