

Sick Day Rule Implementation to prevent acute Kidney injury in community-dwelling patients: identifying patient's and informal caretakers needs

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Background At least 10% of all avoidable medication-related hospital admissions result from not adjusting medication in patients with compromised renal function. Risk of acute kidney injury (AKI) increases during periods of dehydration risk, e.g. vomiting, diarrhea, fever or extreme temperatures. To avoid harm, patients should temporarily discontinue certain drugs during sick days. However, patients are often not well-informed about this. The community pharmacist, in collaboration with the healthcare network around the patient (informal care, home care, general practitioner (GP)), can take the lead in prevention of kidney damage.

Purpose To explore patients' and informal caretakers' needs with respect to sick day guidance. This information will be used to develop a primary care intervention to prevent AKI in vulnerable patients (compromised renal function, polypharmacy, using multidose drug dispensing and medication that requires dose adjustment in case of reduced circulating volume (e.g. diuretics, RAS-inhibitors)).

Method We conducted a qualitative study consisting of semi-structured telephone interviews with patients and informal caretakers to (1) assess current knowledge about kidney-safe medication use during sick days and (2) needs with respect to sick day guidance. All interviews were guided by a topic list, (audio) recorded and transcribed verbatim. Data collection is ongoing until December 2020.

Findings The first 9 interviews, including 7 patients (6 females, age range 63-93 years) and 2 informal caretakers, have been conducted. All patients and caretakers mentioned not to have previous experience with sick days and medication changes. Some patients mentioned precautions during hot weather, such as extra fluid intake or staying inside. In theory, in case of a sick day, most mentioned they would take their medicines as usual and contact the GP after a few days. Information about kidney-safe medication use was deemed important. Participants thought this information could be delivered by mainly the GP. Caretakers and some patients valued the idea of a written roadmap or action plan. However, the majority of patients mentioned they would rather contact the GP in case of questions or doubts about their medication use.

Conclusion Participants seemed to have limited knowledge about safe medication use during sick days and would not directly contact a healthcare provider in case of a sick day. Thus an intervention seems useful. We aim to increase awareness among patients and healthcare providers about kidney-safe medication use and the importance of sick day guidance. This will lead to better health outcomes.