


Acute Renal Failure

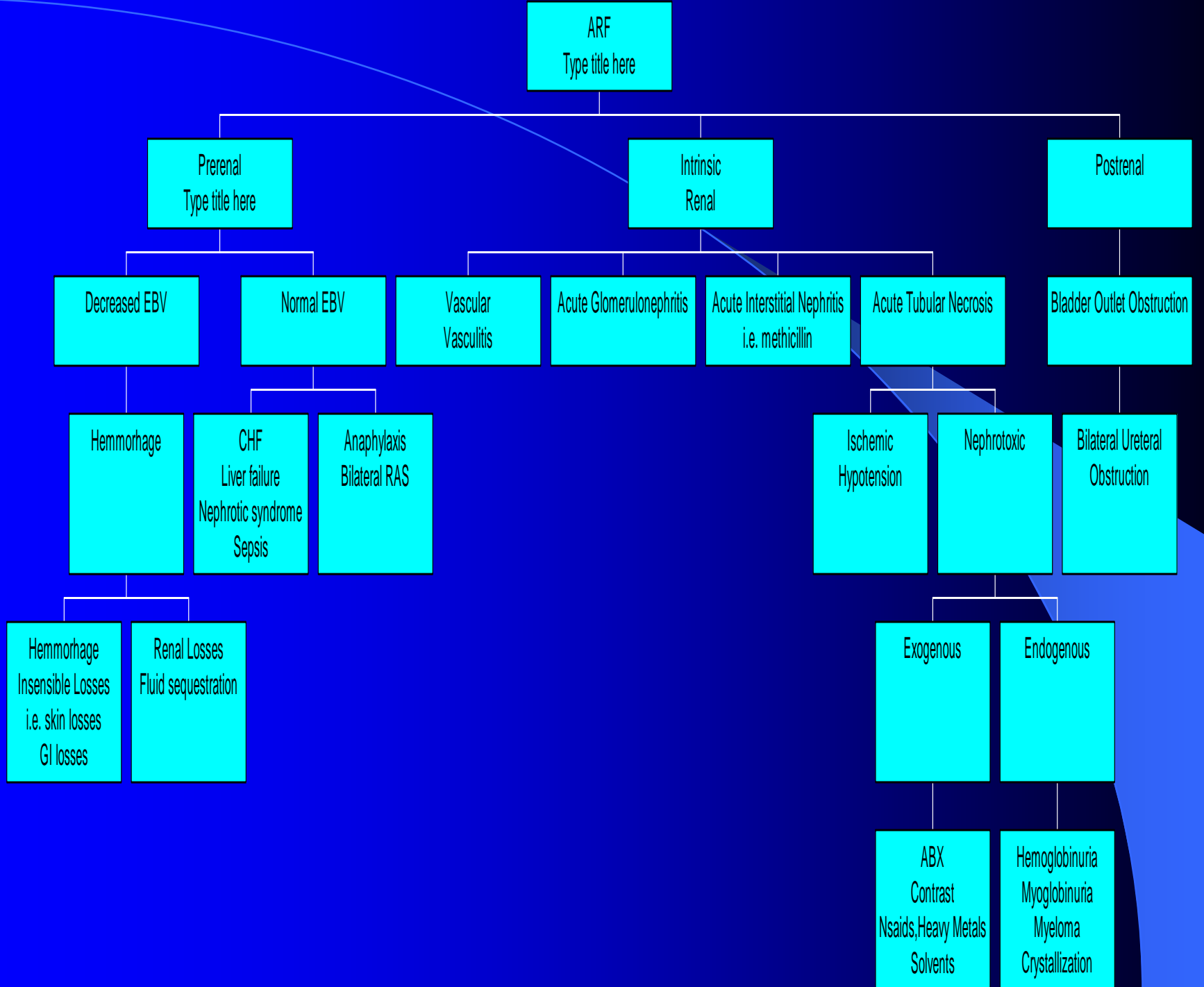
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ARF Classification

- Prerenal Azotemia =  Renal blood flow
- Renal Azotemia = Intrinsic renal parenchymal disease
- Postrenal azotemia = Obstruction in urine outflow



Diagnosis

- Record Review i.e. Baseline function? Infection? Drugs? Contrast? Low Blood Pressure? Transfusion? Surgery?
- P.E. Hemodynamic status, hydration status,
- UA Sediment exam, Urinary indices,
- Bladder Catheterization,
- Fluid Challenge
- Radiology – US, Renal Scan, IVP
- Biopsy

Management

- Restrict dietary protein to control uremia improves nausea, vomiting, malaise, and encephalopathy
- Calories to control catabolic breakdown products
- Limit high phosphate containing products
- Increase Fiber
- Consult Nutritionist
- Phosphate Binders $\text{Ca} \times \text{PO}_4 > 70$
- Diuretics D.O.C. for HTN and volume overload

MGT. continued

- K-Binding Resins, Calcium Gluconate, Insulin, Dextrose, Bicarbonate
- Calcium/Vitamin D, Rocaltrol (0.25-1mcg po qd) supplementation
- Avoid heavy metal containing products
- Control coagulopathy, Transfuse, Epogen(50-100U/kg SC/IV 3X/week)
- Pneumovax, Influenza vaccines
- Fertility referral i.e. invitro fertilization, artificial insemination, fertility drugs
- Dialysis
- Transplantation

Complications

- Fluid Overload, HTN
- Pericardial Tamponade
- Hyperkalemia
- Hypermagnesemia
- Metabolic Acidosis
- Neurotoxicity (asterixis)

ARF VS. CRF

- History Normal Incr. BUN/CR
- Kidney Size Normal Decreased
- Bone Films R.O. Absent R.O. Present
- H/H Normal Anemia Present

Questions?