### Acute renal failure

Sudden and almost complete loss of kidney functions.

#### Causes

### 1. Pre-renal causes

- Hypovolemia (hemorrhage, dehydration).
- Ischemia
  - a. Cross- clamping of the aorta.
  - b. Surgery of the aorta or renal vessels.
  - c. Extensive surgery in the elderly.
- Septicemia (septic shock)

### 2. Intra -renal causes

- Prolonged renal ischemia.
- Hemoglobinuria (transfusion reaction, hemolytic anemia, crush injury, burns, massive tissue injury).
- Exposure to nephrotoxic agents ( Aminoglycoside antibiotics, heavy metals)
- Acute glomerulonephritis.
- Acute pyelonephritis.

### 3. Post- renal causes

• Urinary tract obstruction, calculi, tumors, BPH and strictures.

### **Signs and Symptoms**

- 1. Lethargy
- 2. Persistent nausea, vomiting, and diarrhea.
- 3. Dry skin and mucus membranes.
- 4. The breath may have the odor of urine.
- 5. Drowsiness, headache, muscle twitching and convulsion.
- 6. Scanty urinary output, with low specific gravity.
- 7. Daily rise in the serum creatinine value.
- 8. Severe hyperkalemia which may lead to dysrhythmias and cardiac arrest.
- 9. Progressive acidosis.
- 10. Decrease in serum calcium level.
- 11. Anemia due to uremic ,gastrointestinal lesions, reduced red cells life span and reduced erythropoietin production.

# Management

The goals of management are;

- To restore normal chemical balance.
- To prevent complications.

# The treatment modalities include the followings

- 1. Dialysis , hemodialysis, peritoneal dialysis.
- 2. Reduce potassium level by:
  - a. Monitoring serum electrolytes level.
  - b. ECG.

- c. Administering ion exchange resins ( **kayexalate**) orals, or by retention enema and eliminate external sources of potassium.
- 3. Management of fluid balance by:
- 1. Daily body weight.
- 2. Measurement of serum and urine concentrations.
- 3. Intake and output recording.
- 4. Check blood pressure.
- 5. Check for any edema, or distension of jagular veins.
  - 2. Dietary protein are limited to approximately 1 g/1 kgBW during oliguric phase and the high protein diet after the diuretic phase.
  - **3.** High carbohydrates, restricts foods and fluids containing potassium and phosphorus such as banana, juice, and coffee.
  - **4.** Bed rest to reduce patient's metabolic rate.
  - 5. Skin care to avoid dryness, breakdown, and itching