

Renal System

Acute Kidney Injury (AKI) – reversible if caught in time

- Oliguric Phase
- Diuretic Phase
- Recovery Phase

Acute Renal Failure

- Prerenal
- Intrarenal
- Postrenal

Causes

- Blood cannot get to the kidneys
- Glomerulonephritis
- Nephrotic syndrome
- Malignant HTN
- Diabetes
- Dyes
- Nephrotoxicity
- NSAIDS
- Enlarged prostate
- Kidney stones
- Tumors

Chronic Renal Failure – irreversible

Treatment

- Hemodialysis – AV shunt, fistula or graft needed, remember the care for the access,
 - o 3-4 hours, 3 times per week
- CAPD (continuous ambulatory peritoneal dialysis) – every few hours several times per day, requires access to the peritoneal cavity
- APD (automated peritoneal dialysis) – catheter is connected to a cyclor at night
- CRRT (continuous renal replacement therapy) – used in the ICU setting

Nursing Considerations

- Anemia
- Hyperkalemia - assess labs and cardiac monitor
- Hourly outputs
- VS
- Daily weight
- Nutrition – increase calories, decrease protein, decrease phosphate
- Aseptic technique

UTI

- S/S
- Causes
- Antibiotics, increase fluid intake, avoid catheters, mild analgesics PRN, encourage voiding Q2-3 hours, urinate after sex, front to back wipe, shower not bathtub, etc

Renal Calculi

- S/S
- Causes
- Pain meds, increase fluids, strain urine, procedures vs surgery

BPH (benign prostatic hyperplasia)

- Watch, meds, TURP