

Dialysis Unzipped

Anemic! Kidney makes erythropoietin, tells bones how much RBC to make
fix: EPO shots monthly

CBC	
wbc	
hg	↓
plt	

HyperK. Kidney excretes K, if builds up & too much is cardiotoxic
MCC of death of dialysis pts
fix: dialysis

CMP	
Na	↑/↓
K	↑
CO2	↓
glucose	↑/↓
BUN	↑
Cr	↑
Ca	↓
Phos	↑

High. GFR = Ratio of Cr & BUN, help stage CKD, help determine when start dialysis, if BUN > 150 = uremia
fix: dialysis

HypoCa & HyperPhos
Kidney makes vit D
Ca & Phos R inverse
Fix: vit D supplement & Phosphate binders

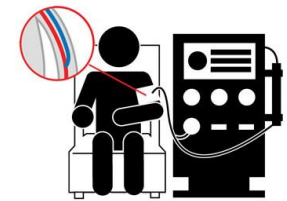
Trop usually highish, likely due to ischemic stressors, trend these numbers

Albumin is low, cause of third spacing & foamy urine (if urinate)
fix: need high protein diet

Special Tests	
Trop I	↑
BNP	↑
Albumin	↓

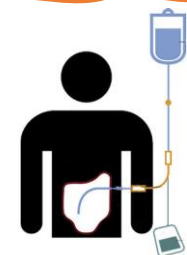
BNP high, Kidney regulates fluids, so can buildup, watch for pulm edema
fix: dialysis, fluid restriction

- Emergent dialysis indications:
- A acidosis $\text{pH} < 7.1$
 - E electrolytes $\text{K} > 6.5$
 - I intoxication or Ingestion (alcohols & lithium)
 - O overload, fluid think extreme pulm edema
 - U uremia (encephalopathy or pericarditis)



Hemodialysis

4hrs 3x/week (MWF or TThS)
SE: AV fistula clot & bleed & infxn, hypoTN, CPx,
pro/con: ↓ life expectancy, strict diet, heart strain



Peritoneal dialysis

Home (5x/day or nightly)
SE: SBP, pain, bloating
pro/con: ↑ life expectancy, more flexible, pt responsible

