OUTCOMES OF AKI USING RISK ASSESSMENT AND NEPHROLOGY RAPID RESPONSE TEAM (NRRT) IN ADULT ICU PATIENTS IN FUNDACIÓN CARDIOINFANTIL IN BOGOTÁ – COLOMBIA

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Background: AKI Risk Assessment and NRR Teams procure reversion of risk factors and amelioration of AKI conseqeuences. In our hospital, those strategies have been implemented universally. We describe AKI outcomes in a colombian ICU with a nephrology rapid response team.

Methods:
From our database, we searched adult patients admitted to ICU between January-June 2020, excluding those with previous diagnosis of AKI, serum creatinine >2.5 mg/dL, dialysis, or kidney transplantation at ICU admission. We analyzed AKI criteria (urine output and creatinine) to establish the neo - incidence of AKI in our ICU and outcomes at discharge under NRRT alignments.

Results: From 881 ICU patients admitted to our 3 ICU between January 1st and June 30, we selected 102 patients (12%) with inclusion criteria (women 49%), mean age 58,9 (18-95). Main indication for ICU admission was cardiovascular and mean time in ICU was 5,5 days.
AKI developed during ICU hospitalization in 68% of patients, predominantly men (84,6%). There were no differences in demographic or comorbidity variables between groups. (table 1)
Mean creatinine at admission was not statistically different in patients with AKI (mean 0.95 mg/dl; 0.4 -1.80). There was more exposition to nephrotoxic agents in AKI group.
Sepsis was present in 19,6% of all patients (n 20), and was more prevalent in AKI patients (60%, n 12).

Global mortality at ICU discharge was 6,9% (n 7) mostly in AKI group: (57%, n 4).
Mortality in total AKI patients was 5,7%.

CRRT for AKI was performed in 2 patients (2%) and Acute PD in 1 patient. One CRRT patient died, the other had renal recovery at end of hospitalization and PD patient remained in RRT for edematous syndrome at discharge (1%).

Conclusion: In our population, AKI is frequently found, but requirement of RRT is low when opportune interventions are provided to ameliorate kidney injury in ICU.