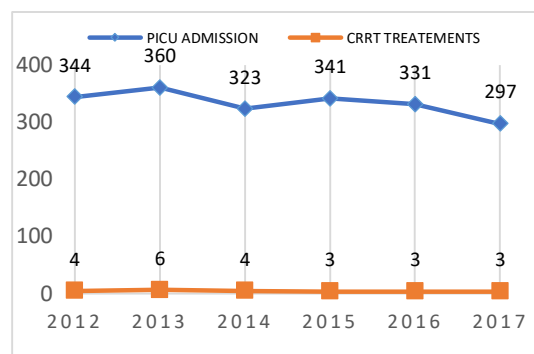


SIX-YEAR CRRT EXPERIENCE IN A SINGLE CENTER PICU: A RETROSPECTIVE COHORT STUDY

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Objective: Describe clinical characteristics, biochemical features, and outcomes of critically-ill children treated with CRRT in our pediatric center, and to analyze factors that can affect the success of a single CRRT session.

Method: Retrospective, single center, observational study including all consecutive patients aged 0 to 18 years who received CRRT during PICU stay at the Meyer Children's Hospital from January 2012 to December 2017.



Characteristics	Mean	Standard Deviation	Q1	Median	Q3	Min	Max
Age (months)	56.66	56.96	12	24	60	0.03	204
Height (centimeters)	93.23	29.80	75	90	100	52	168
Weight (kilograms)	19.52	19.37	10	13	25	2	75
PICU Stay (days)	29.65	26.28	13	25	30	2	112
Fkuid Overload (%)	23.83	44.82	1.81	10.35	24.13	-4.09	199.95
Lenght of CRRT (days)	10.96	7.36	6	10	17	1	26
Start Timing (hours)	88.21	100.67	18	40	168	4	395
Creatinine T0 (mg/dl)	2.57	3.22	0.50	1.11	3.03	0.20	12.47
eCrCl	56.73	57.99	23.70	41.30	84.40	4.30	235

Results: Among treatment-related parameters higher post-replacement fluid flow correlated with an increased risk of clotting $p=0.0422$, while clotted and not-clotted treatments had similar Net UF set overtime. Mortality rate was 39.1%. In total, CKD developed in 41.6% of PICU survivors, with a median follow up of 2.5 years.

Conclusion: Clotting was a frequent complication and it was particularly associated with prescription of higher convective dose. Long-term CKD developed in almost half of patients who survived at PICU discharge.