SCOTT&WHITE Healthcare

ARF REQUIRING DIALYSIS: Use of Shift CVVHD vs Conventional Dialysis

Luis A Concepcion MD, Luciana McLean MD

Scott & White Hospital, Texas A&M Health Science Center College of Medicine, Temple Texas

(fig.6)



INTRODUCTION

Acute renal failure (ARF) requiring dialysis carries a high morbidity, mortality, it can be treated with either conventional or shift (8h CVVHD) dialysis.

PURPOSE

Analysis of all patients with ARF requiring dialysis in a tertiary care center using conventional hemodialysis and shift CVVHD.

METHODS

- A. Patients: all patients with ARF requiring HD (1999-2008) were included, data obtained from the treatment records from the acute dialysis unit. Electronic medical record and paper records reviewed for demographic, clinical and laboratory data. Dialysis treatment sheets for dialysis parameters and clinical data during dialysis.
- Dialysis: conventional HD with Volumetric control machines Fresenius 2008H bicarbonate equipped with CRRT chip. All treatments use the relative blood volume monitor (Critline). Shifth CVVHD using Nxstage machines with bicarbonate based solutions.

The rationale to use shift CVVHD was to provide dialysis to a increasing number of ICU patients with the same number of Acute HD nurses and due to the non involvement of ICU RN in the delivery of the therapy.

. Data reported as mean and standard deviation. Analysis of data using SPSS 13.0 software for descriptive, survival analysis using p<0.05 for

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A. Patient characteristics:

280 patients included. 60% males, 70.6% white, 19.5% blacks, 11.5%

RESULTS

77% were in the ICU at the time of initiation of dialysis

32% DM.

Mean hospital stay 21.7d (14)

Mortality was 40.3% no different between the conventional vs shift CVVHD, male vs female, DM vsno DM. sepsis vs non sepsis(fig.1,fig.2)

Fig. 1 Survival Conventional vs Shift HD Survival Functions

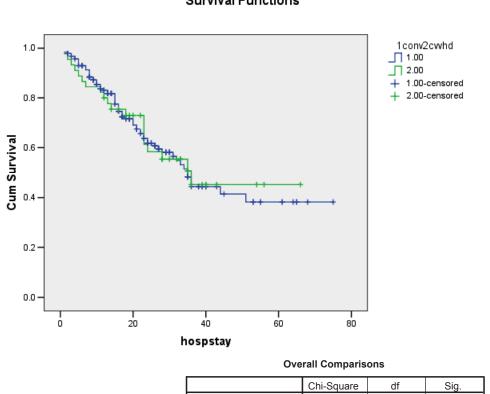
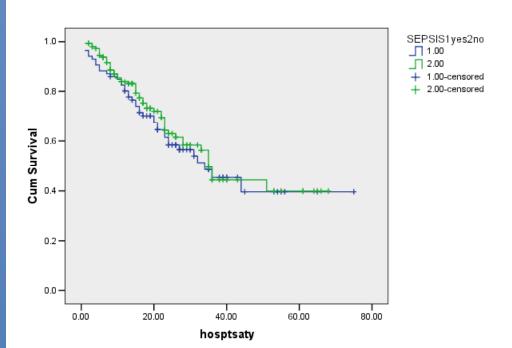


Fig. 2 Survival Sepsis vs no sepsis

Survival Functions



RESULTS

B. Survivors vs non survivors (Table 1)

Non survivors had less hospital stav less number of treatments lower predialysis MAP less total UF and UF/hour more episodes of SBP<100 and hypotensive episodes/hour and lower peak creatinine.

Table 1 Survivors vs non survivors

					Std. Error
	1alive2death	N	Mean	Std. Deviation	Mean
hospstay*	1.00	144	25.10	15.848	1.321
	2.00	90	16.07	10.933	1.152
numbtreatm *	1.00	139	6.813	6.1214	.5192
	2.00	80	4.000	3.4014	.3803
sbppre*	1.00	139	135.194	28.0904	2.3826
	2.00	83	119.482	26.2973	2.8865
dbppre*	1.00	139	68.619	18.1245	1.5373
	2.00	83	59.373	15.2657	1.6756
mappre*	1.00	139	90.811	19.7327	1.6737
	2.00	83	79.410	17.2483	1.8932
mappost	1.00	139	89.115	17.2571	1.4637
	2.00	83	82.329	17.1866	1.8865
UFtotal*	1.00	139	3303.9856	2001.52701	169.76731
	2.00	83	2591.1566	1829.27084	200.78856
sbpless100*	1.00	139	1.4892	3.63032	.30792
	2.00	83	3.6627	5.21320	.57222
UFperhour*	1.00	139	787.2612	482.00823	40.88340
	2.00	83	591.2609	470.26891	51.61872
hypotperh*	1.00	139	.3413	.76437	.06483
	2.00	83	1.0093	1.73216	.19013
Hdtime	1.00	139	277.6619	154.88109	13.13684
	2.00	83	292.4699	121.24701	13.30859
basecreat	1.00	118	1.2458	.52531	.04836
	2.00	79	1.2165	.53567	.06027
basebuni	1.00	110	26.2972	18.67645	1.78073
	2.00	76	26.5132	19.24058	2.20705
peakcreat*	1.00	144	6.8989	3.03019	.25252
	2.00	90	5.7733	2.58674	.27267
peakBUN	1.00	144	89.1822	43.52706	3.62726
	2.00	90	95.6222	41.79930	4.40603

C. Conventional vs shift CVVHD: (Table 2)

The patients receiving shift CVVHD had a lower: **MAP** predialysis post dialysis temperature **UF** per hour

hypotension/hour peak creatinine

receive less heparin and had longer dialysis time.

Table 2 Conventional vs CVVHD

	1conv 2cvvhd	N	Mean	Std. Deviation
mappre*	1.00	178	87.933	20.5920
	2.00	45	80.941	13.5759
mappost	1.00	178	87.517	18.0327
	2.00	45	82.667	14.6078
hrpre	1.00	178	90.0843	16.18008
	2.00	45	89.4222	21.44919
hrpost	1.00	1/8	94.3090	18.6///6
	2.00	45	88.0000	19.15368
temppre	1.00	178	36.5403	.79579
	2.00	45	36.4037	1.16018
temppost*	1.00	178	36.5712	.79647
	2.00	45	35.5926	1.11288
UFtotal	1.00	178	3059.2809	1998.30951
	2.00	45	2932.6222	1827.56096
fluidgiven	1.00	178	726,6685	784.48165
	2.00	45	768,2222	325.93424
UΓnet	1.00	178	2342,7079	2092.43798
	2.00	45	2130.8444	1683.23590
heparintotal*	1.00	189	1455.0265	2012.41853
	2.00	45	333,3333	768,70611
sbpless100	1.00	178	2.5225	4.71109
	2.00	45	1,3778	2.70764
hrmore120	1.00	178	1.0787	3.52785
	2.00	45	.5556	1.56024
UFperhour*	1.00	178	794,7544	500.00906
•	2.00	45	388.3926	217.66018
hypotperh*	1.00	178	.6831	1.37317
	2.00	45	.2137	.44017
Hdtime*	1.00	178	241.1236	110.13026
	2.00	45	450,0000	135.98128
basecreat	1.00	163	1.2248	.54125
	2.00	35	1.2846	.46074
basebuni	1.00	150	26.5113	19.30031
	2.00	37	25.7838	16.89861
peakcreat*	1.00	190	6.7255	2.98516
	2.00	45	5.3666	2.27314
peakBUN	1.00	190	94 5592	44 29838
poundor	2.00	45	80.9556	35.64213

DIALYSIS TREATMENTS

1600 treatments in 280 patients average 5.8 treatments (5.4).

32% of the treatment done with femoral catheters **Shift CVVHD vs conventional HD: (Table 3, Table 4)** Blood flow was lower (309 vs 376 ml/min) dialysate K higher (3.2 vs 2.6 mEg/L) (fig 3) dialysis time was longer (469 vs 243min) (fig.4) total Ultrafiltration was higher (3.68L vs 3.32L) more fluid was given (834 vs499ml) less heparin used (806 vs 1935U) less episodes of SBP<100 mmHg less UF/ hour(472 vs 832ml/h) hypotension/hour (0.09 vs 0.45) (Fig.5) MAP pressure before dialysis was lower (84 vs 92 mmHa) less episodes of SBP<100mmHg (0.7 vs 1.7) lower venous pressure (196 vs 209). The mean dose of CVVHD was 65.5(18.9)ml/kg/h.

Table 3 Conventional Vs Shift CVVHD

		1conv				Std. Error
		2cvvhd	N	Mean	Std. Deviation	Mean
AGE	1.00		174	60.9023	16.41185	1.24418
	2.00		47	60.1702	18.30932	2.67069
WEIGHT	1.00		61	84.9508	23.96314	3.06817
	2.00		47	87.5319	27.54589	4.01798
QB*	1.00		936	376.8803	49.64786	1.62279
	2.00		348	309.9713	40.28357	2.15943
QD*	1.00		932	653.7554	128.34925	4.20422
	2.00		0(a)		_	_
DIALK*	1.00		936	2.6004	.75329	.02462
	2.00		348	3.2931	.53171	.02850
MACHTEMP*	1.00		936	36.0218	.83994	.02745
	2.00		294	35.8163	.89382	.05213
HDTIME*	1.00		936	243.8408	62.31726	2.03690
	2.00		348	469.3966	67.60994	3.62427
VPRESS*	1.00		936	209.4872	67.09203	2.19297
	2.00		348	196.0345	46.26473	2.48005
SBPPRE*	1.00		936	135.8483	27.37942	.89492
	2.00		348	128.2471	21.66491	1.16136
SBPPOST	1.00		936	131.5759	23.21457	.75879
	2.00		348	132.5374	33.92832	1.81875
DBPPRE*	1.00		936	70.8472	26.48957	.86584
	2.00		348	62.2155	14.38107	.77091
DBPPOST*	1.00		936	68.7543	15.21326	.49726
	2.00		348	64.1149	14.88122	.79772
MAPPRE*	1.00		936	92.5142	23.15895	.75697
	2.00		348	84.2261	14.05529	.75344
MAPPOST	1.00		936	89.6947	16.12397	.52703
	2.00		348	86.9224	16.25562	.87139
HRPRE	1.00		936	90.2596	18.34179	.59952
	2.00		348	91.7787	16.87912	.90482
HRPOST	1.00		936	93.3376	18.56076	.60668
	2.00		348	90.7132	17.38798	.93209

Fig 3. Dialysate K HD vs Shift CVVHD

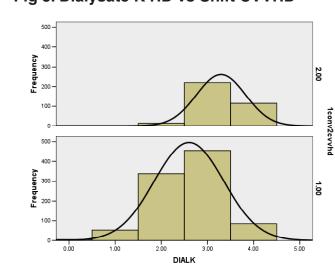
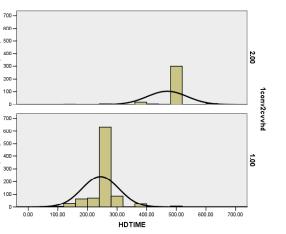
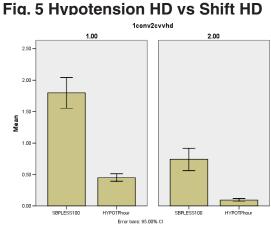


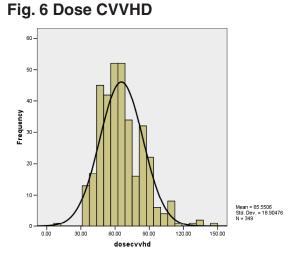
Table 4 Conventional Vs Shift CVVHD

		1conv 2cvvhd	N	Mean	Std. Deviation	Std. Error Mean
TEMPPRE	1.00		937	36,7066	1.93686	.06327
	2.00		348	36.8704	.90343	.04843
TEMPPOST*	1.00		937	36.5880	1.91627	.06260
	2.00		348	36.2487	1.00071	.05364
ET*	1.00		937	-2.8698	15.40258	.50318
	2.00		348	-12.5842	19.44997	1.04263
STARTHCT	1.00		882	29.8383	4.00758	.13494
	2.00		3	26.2000	3.16070	1.82483
POSTHCT	1.00		863	35.2622	4.55722	.15513
	2.00		3	30.1667	1.60728	.92796
BVCHANGE	1.00		730	-13.0529	6.30154	.23323
į	2.00	i	3	-13.2479	7.90277	4.56266
UF*	1.00	l	936	3326.5502	1842.01253	60.20806
	2.00	l	348	3688.0632	1650.66245	88.48480
FLUIDGIVEN*	1.00	l	936	499.7179	497.39273	16.25779
	2.00	l	348	834.2557	238.79174	12.80058
UFTOTAL	1.00	l	936	2859.6293	2271.99618	74.26252
	2.00	l	348	2847.6580	1636.27421	87.71350
HEPARINTOTAL *	1.00		947	1935.5333	2079.93708	67.58887
	2.00	l	348	806.6092	1293.15957	69.32063
SBPLESS100*	1.00	l	936	1.7991	3.79618	.12408
	2.00	l	348	.7241	1.67497	.08979
UFPERHour*	1.00	l	936	832.1853	453.38386	14.81932
	2.00	l	348	472.3232	203.19776	10.89254
HYPOTPhour*	1.00	l	936	.4505	.96934	.03168
	2.00	l	348	.0966	.22489	.01206
hosptsaty	1.00	l	188	20.8298	14.93812	1.08947
	2.00	I	47	25.0851	14.18179	2.06863
volcvvhd	1.00 2.00	I	0(a)	39016.695	-	-
		l	348	39016.695	5764.29127	308.99845
dosecvvhd	1.00	I	0(a)	-	-	-
	2.00		348	65.5997	18.90966	1.01366

Fig. 4 Dialysis Time HD vs Shift HD

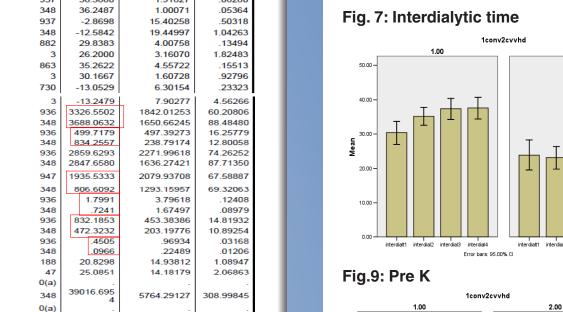


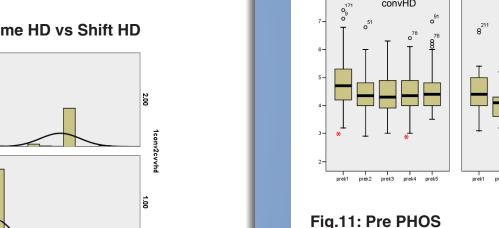




LABORATORY DATA: (FIGS. 8 -12)

No significant difference between the predialysis values of BUN, creatinine, potassium, Phosphorous and C02 were noted between the 2 groups despite the difference in the interdialytic time between the 2 groups. (fig.7)





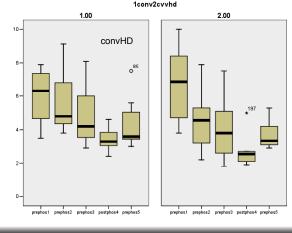


Fig.8: Pre BUN

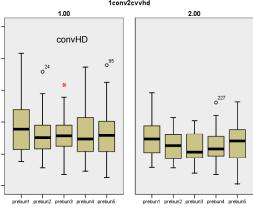


Fig.10: Pre Creatinine

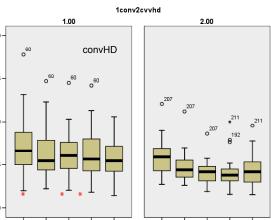
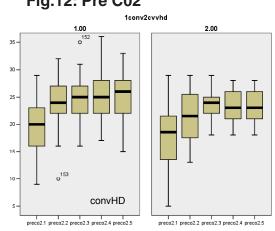


Fig.12: Pre C02



CONCLUSIONS

- Shift CVVHD is equivalent to conventional HD for the treatment of ARF requiring dialysis.
- No difference in mortality was observed between the 2 groups.
- There was a beneficial effect in hemodynamic parameters but no benefit in
- The mortality reported is similar to recent reports.
- It improves the use of a scarce resource (Acute HD RN) when ICU RN are not