RESULTS: The e-alert had a sensitivity of 99% for the detection of new cases of AKI. Key aspects of the PCC saw significant improvements in their attainment: Detection of AKI within 24 hours from 53% to 100%, fluid assessment from 42% to 90%, drug review 48% to 95% and adherence to nine key aspects from 40% to 90%. There was a significant reduction in variability of delivered AKI care. AKI incidence reduced from 9% of all hospitalisations at baseline to 6.5% (28% reduction), AKI related length of stay 22.1 days to 17 days (23%), time to recovery (AKI days) 15.5 to 9.8 days (36%), and AKI deaths also showed a trend towards reduction, from 38 deaths averagely per month to 35 deaths. The number of cases of hospital acquired AKI were down from 101 to 81 cases per month.

CONCLUSIONS: This study demonstrates the success of a multifaceted quality improvement programme using various interventions such as an education programme, a bespoke checklist implemented with the aid of a nurse/pharmacist in improving key processes of care and patient outcomes.

INTENSIVE VERSUS MINIMAL STANDARD DOSAGE FOR PERITONEAL DIALYSIS IN ACUTE KIDNEY INJURY, A RANDOMIZED PILOT STUDY

Watanyu Parapiboon1, Treechada Jamratpan2, Kanin Thammavarunucupt3
1Department of Medicine Maharat Nakornratchasima Hospital Nakornratchasima Thailand, 2Department of Medicine Maharat Nakornratchasima Hospital Maharat Nakornratchasima Hospital Thailand and 3Department of Medicine Maharat Nakornratchasima Hospital Nakornratchasima Thailand

INTRODUCTION AND AIMS: Dosage for peritoneal dialysis (PD) in acute kidney injury (AKI) is controversial. This study aims to find benefits and risks of intensive versus minimal standard dosage of PD in AKI.

METHODS: In 93 AKI patients in tertiary-hospital who required PD between May 2015 to January 2016 were enrolled in a randomized, open label controlled study. Patients were randomized to intensive group (more than 20 liters) and minimal standard group (less than 20 liters) of PD volume per day for first two consecutive days. The primary outcome was in hospital mortality. The secondary outcomes were peritonitis rate, dialysis dependence and PD leakage.

RESULTS: 75 patients were analyzed (intensive PD n=39; minimal standard PD n=36). Mean age was 60 years. Most of patients were in critical illness (72% unstable hemodynamic, mean APACHE II score 26.2). Deliver Kt/V per session were 0.61 and 0.38 in intensive and minimal standard PD dosage for first two consecutive sessions. By intention to treat analysis, in hospital mortality rate of intensive PD dosage was not significant difference with minimal standard PD dosage (79% vs. 63%, Relative risk 1.11, 95% CI 0.80 to 1.51, p=0.13). Dialysis dependence rate and PD leakage were not...
CONCLUSIONS: The increase of SVV 2h after the end of surgery (β 0.08 mg/dl, 95%CI 0.04-0.12 mg/dl, P=0.01).

Of the 30 patients consecutively enrolled, fourteen (47%) developed AKI.

During the procedure, fluids were prescribed after consideration of standard parameters. AKI was defined according with the KDIGO clinical practice guideline.

INTRODUCTION AND AIMS: Patients undergoing abdominal aortic aneurysm (AAA) surgery with suprarenal clamping are at high risk for acute kidney injury (AKI).

RESULTS: SVV increased progressively from baseline to the first 12h of follow-up only in subjects who will develop AKI (β 4.7%; 95%CI 1.1-8.4%; P=0.01).

In a multivariate linear regression analysis adjusted for age, gender and baseline SVV, a significant difference between both groups. Rate of PD peritonitis was slightly higher in intensive PD dosage group (21.4% vs. 13.3%).

CONCLUSIONS: Among AKI patients who required PD, intensive PD dosage was not significant difference in hospital mortality with minimal standard PD dosage.