ACUTE RENAL FAILURE

PURPOSE

The appropriate management of renal failure in addition to a malignant condition

KEY POINTS

1. Uraemic symptoms mostly occur slowly, including oedema, poor urine output and confusion leading to delirium and coma.
2. Sudden death may occur from unsuspected cardiac arrhythmia.

POSSIBLE CAUSES

ACUTE ONSET

- Sepsis
- Acute urinary retention

MORE GRADUAL ONSET

- Dehydration
- Nephrotoxic drugs e.g. platinum based chemotherapy, NSAIDS
- Ureteric obstruction (unilateral / bilateral – pelvic tumour, para aortic nodal metastases
- Bladder atony
- Bladder outlet obstruction (post renal)
- Benign disease – calculi, retroperitoneal fibrosis
- Dehydration exacerbating pre-existing renal disease

TREATMENT OPTIONS

PRE RENAL

- Encourage oral intake (where this is appropriate).
- Consider temporary intravenous fluids if a remediable co-morbidity is present.
- Treatment of sepsis with antibiotics (intravenous or oral) if appropriate.
RENAL

- Consider substitution of nephrotoxic drugs.

- Uraemia may be transient and renal function may recover (but may require temporary renal dialysis via a subclavian / jugular intravenous catheter). This decision requires careful consideration of all factors.

- Acute tubular necrosis secondary to dehydration is also potentially reversible with dialysis support, but the underlying cause must be remediable.

POST RENAL

- Ureteric obstruction is treatable, where indicated. See clinical guideline C 14.4.3 Ureteric Obstruction.

- Bladder atony may be treated with an indwelling catheter.

- Bladder outlet obstruction should instigate placement of a suprapubic catheter after ultrasound confirmation of a dilated bladder.

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REFERENCES (STANDARDS)

Greater Metropolitan Clinical Taskforce. 2008. The Best Clinical Practice Gynaecological Cancer Palliative Care Guidelines. NSW Department of Health. Australia

National Standards – 1 Clinical Care Legislation - Nil
Related Policies – Palliative Care
Other related documents – Nil

RESPONSIBILITY

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