

End-Stage Renal Disease

The patient should not be seeking dialysis or renal transplant. Patients who refuse dialysis or transplant are generally appropriate for hospice services if they fit dialysis criteria.

1. Lab criteria for renal failure (both must be present):

- a. Creatine clearance of $<10\text{cc/min}$ (15 cc/min for diabetics)
- b. Serum creatinine $> 8.0\text{ mg/dl}$ ($> 6.0\text{ mg/dl}$ for diabetics)

2. Signs and syndromes associated with renal failure:

- uremia
- confusion, obtundation
- intractable nausea and vomiting
- generalized pruritis
- restlessness
- oliguria (urine output $<400\text{ cc/24 hours}$)
- intractable hyperkalemia (persistent serum potassium > 7.0 not responsive to medical management)
- uremic pericarditis
- hepatorenal syndrome
- intractable fluid overload

3. In hospitalized patients with Acute Renal Failure, these comorbid conditions predict early mortality:

- mechanical ventilation
- malignancy
- chronic lung disease
- advanced cardiac disease
- advanced liver disease
- sepsis
- immunosuppression
- albumin $< 3.5\text{ gm/dl}$
- cachexia
- platelet count $< 25,000$
- age > 75
- disseminated intravascular coagulation
- gastrointestinal bleeding