

Case Scenarios

Case 1:

A 10 month old girl weighing 10 kg was transferred to the PICU from an outside hospital. She has a history of bowel transplantation after necrotizing enterocolitis (NEC) as a preterm infant. She was admitted for presumed septicemia with shock and respiratory failure. She is oliguric (urine output <0.5 ml/kg/hr) and requiring pressor support with Dopamine at 5mcg/kg/min. She also has developed fluid overload at >15% of admission weight due to fluid resuscitation. She is on a furosemide drip at 0.1mg/kg/hr. BP is 85/55 mmHg, P 120/min. Labs: BUN 35mg/dL Cr 0.8 mg/dL (baseline 0.3 mg/dL), Na 133, K 4 Cl 102 CO2 26 mmol/L.

PICU consults the renal team for further management.

Case 2:

A 6 year old male weighing 20 kg who was admitted with sudden onset of hemoptysis, respiratory failure, hematuria, and oliguric renal failure. He has a BP of 120/90mmHg, P 110/min, and is on a ventilator. He has had minimal urine output during the last 24 hours.

Labs: Hct 30% with normal coagulogram, BUN 100, Cr 10 Na 135 K 5 Cl 100 CO2 15, Ca 8.5mg/dL, Phos 8mg/dL, Alb 3g/dL, Normal C3 complement, ANA negative and c-ANCA positive at 1:1250.

PICU consults renal team for co-management.