

"TELEDIALYSIS" IN THE ACUTE SETTING AND ITS OUTCOME

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There has been a dramatic increase in kidney failure in the United States. In 1992 there were 150,000 patients on dialysis; currently more than 350,000 patients on dialysis and this number is projected to be 650,000 by 2010.* The increase in kidney failure combined with shortage of nephrologists nationwide, more so in rural areas had led to the application of "Teledialysis". We had the opportunity to dialyze patients via telemedicine utilizing eICU in acute setting at Hays medical centre. This is the first of its kind in the United States. A total of 40 patients were dialyzed, 9 of them were dialyzed due to acute renal failure (post CABG, sepsis, Contrast nephropathy, and ATN), while 31 patients with CKD V on dialysis were admitted because of other medical issues. Using parameters like intradialytic hypotension, sepsis, bleeding, or death, the rate of complications of "Teledialysis" were comparable to that of traditional dialysis (where a nephrologist see a patient personally at Saint Luke's hospital in Kansas city); 2 out of 9 patients dialyzed due to acute renal failure completely recovered. Death occurred in four cases. In one case family wished to withdraw care. Two cases died secondary to multiple complications post CABG. The fourth case was known to have ESRD died because of overwhelming sepsis. We conclude that in the proper setting, eICU, nephrologists should be able to dialyze patients acutely in rural hospitals via "Teledialysis"