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Prevalence of Intradialytic Hypotension (IDH) across Crit-Line Profiles in the Acute Setting: A Retrospective Data Analysis

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Introductions: Achieving estimated EDW in ESRD patients during hospitalization can be challenging in patients with HF. IDH is a common occurrence. One goal of the dialysis treatment is to increase UF without causing IDH. The Crit-Line, is a tool to assess the patient’s fluid status. Profile A indicates the patient’s plasma refill is greater than or the same as the ultra-filtration rate of $\leq -3\%$, and the UF rate can be increased without causing IDH. Profile B is ideal, with a change of ≥ -3 to $\leq -6.5\%$. Profile C $> -6.5\%$ indicates a rapid decrease in plasma volume. Patients in Profile C are more likely to have symptomatic IDH.

Method: Data was collected on 87 hospitalized ESRD patients with three consecutive hemodialysis treatments, including ending profile, the total fluid removed, occurrence of IDH, and achievement of EDW. Outcomes were calculated overall and compared across patients with vs without HF.

Results: IDH occurred in 33% of HF patients and 24% of non-HF in the first dialysis treatments. IDH occurred in 41% of HF and 24% in non-HF in the last dialysis. 53% of all patients with HF ended with profile A in both dialysis sessions. 47% of non-HF patients ended with Profile A in the first dialysis treatment and 50% ended with Profile A in the last dialysis treatment. Majority of patients with IDH ended in Profile A - 56% during the first dialysis and 51.7% during the last dialysis. At the end of the admission, 60% of HF patients and 46% of non-HF achieved EDW.

Conclusion: Monitoring the profile throughout the patient treatment via Crit-Line can help nurses safely increase UF goals to achieve EDW at each treatment while avoiding complications of IDH. Although 60% of HF patients and 46% of non-HF achieved EDW, majority of the patients were in Profile A indicating the need for more aggressive UF.

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