

Submission No.: DNC1-9047

Session Title: Dialysis Nurse Course 1

Date & Time, Place: April 30 (Sun), 08:30 - 10:30, Room 1+2

## 소아 혈액투석 (Hemodialysis in Children)

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### 소아 혈액투석(hemodialysis in children)

#### 1. Indication

##### 1) Chronic

congenital anomalies of kidney and urinary tract (CAKUT), Glomerulonephritis/FSG  
Systemic Lupus erythematosus, cystic kidney diseases, Pyelonephritis or Other  
infection, Malignancy, Metabolic disorders, Congenital nephrotic syndrome, hemolytic uremic  
syndrome (HUS), Ischemic renal failure

##### 2) Acute

Hyperkalemia, hyperammonemia, severe fluid overload, severe lactic acidosis, inborn error of  
metabolism, tumor lysis syndrome, Intoxications

#### 2. Access

Native arteriovenous fistulas : Preferred chronic access if feasible

Synthetic arteriovenous grafts : Used whenever other access have failed

Central venous catheters (CVCs) : Used when temporary access is needed

#### 3. Equipment

##### 1) Dialysis machine

##### 2) Dialyzer

3) Extracorporeal Circuit : available in infants/babies size, biocompatible material,  
tolerate up to a maximum of 10 percent of his or her total blood volume  
safe volume of the circuit is targeted at 8 percent of total blood volume of the child

##### 4) Priming volume

In infants, if the amount of extracorporeal blood volume exceeds 10% of the patient's blood volume,  
there is a risk of complications, so red blood cells, or 5% albumin could be used to fill the line as  
priming

#### 4. Prescription

1) Blood Flow rate : A blood flow rate of 3–5 ml/kg/min is adequate to achieve the proper solute  
removal with the hemodynamic stability

2) Dialysate flow : 500 mL/min is sufficient for children, at least 1.5 x blood flow

3) Fluid removal : 10ml/kg/hr

4) Length of dialysis and frequency of sessions

5) anticoagulation

6) Hemodialysis Adequacy

#### 5. Complications

Catheter-related complications

increased risk of central vein thrombosis and stenosis

Central venous catheter infection

Hypotension

Muscle spasms

Dialysis dysequilibrium syndrome

Elimination of drugs and nutrients

Disequilibrium symptoms

Long-term complications

Hypertension, neurocognitive/neurodevelopmental delay, psychological stress, Mineral and bone  
disorder, Cardiovascular disease

**6. Nursing**

Execution of accurate Prescription

Monitoring

Safety

Good vascular access

Ethical issues during dialysis of infants

Optimal care is provided by multidisciplinary team