Severe acute kidney injury in critically ill children: Epidemiology and prognostic factors [Daño renal agudo grave en niños críticos: epidemiología y factores pronósticos]

Touza Pol P.

Rey Galán C.

Medina Villanueva J.A.

Martinez-Camblor P.

López-Herce J.

Introduction Acute kidney injury (AKI) is a severe complication in critically ill children. The aim of the study was to describe the characteristics of AKI, as well as to analyse the prognostic factors for mortality and renal replacement therapy (RRT) in children admitted to Paediatric Intensive Care Units (PICUs) in Spain. Patients and methods Prospective observational multicentre study including children from 7 days to 16 years old who were admitted to a PICU. A univariate and multivariate logistic regression analysis of the risk factors for mortality and renal replacement therapy at PICU discharge were performed. Results A total of 139 cases of AKI were analysed. RRT was necessary in 60.1% of cases. Mortality rate was 32.6%. At PICU discharge RRT was necessary in 15% of survivors. Thrombopenia and low creatinine clearance values were prognostic markers of RRT at PICU discharge. High values of platelets, serum creatinine and weight were associated with higher survival. Conclusions Critically ill children with AKI had a high mortality and morbidity rate. Platelet values and creatinine clearance are markers of RRT at PICU discharge, whereas number of platelets, serum creatinine and weight were associated with mortality. © 2014 Asociación Española de Pediatría

Acute kidney injury

Mortality

Outcome

Paediatric Intensive Care Units



Acute Kidney Injury
clinical trial
critical illness
infant
newborn
preschool child
Acute Kidney Injury
Adolescent
Child
Child, Preschool
Critical Illness
Humans
Infant
Infant, Newborn
Prognosis
Prospective Studies
Renal Replacement Therapy
Spain