AKI- an underestimated problem in the pediatric intensive care

by Krastins Jekabs

Acute kidney injury (AKI) is not uncommon in children and is associated with significant morbidity and mortality [1-3]. Anti-infectives including antibiotics and empirical treatment may increase the risk of AKI. Therefore, it is important to identify and monitor patients at risk for AKI promptly. Early recognition and intervention can improve outcomes.

There are three risk groups defined for the pediatric intensive care unit (PICU) patients: pRIFLE Risk (pr), Injury (pi), Failure (pf), and Loss (pl). The term AKI has replaced acute renal failure as it emphasizes that renal function may be underestimated for a longer period of time. Incidence and outcomes of acute kidney injury in extremely-low-birth weight infants were studied in a recent retrospective analysis of nonsteroidal anti-inflammatory drug (NSAID) users. The results suggested that NSAID use was associated with an increased risk of AKI in these infants.

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Acute kidney injury (AKI) is a common complication in surgical patients and is associated with increased risk of mortality. Drug-induced acute kidney injury in children can cause hemodilution and underestimate the level. Efforts should be made to provide adequate nutrition in ICU patients with AKI. The incidence of AKI in ELBW infants might be underestimated. Drug-induced acute kidney injury (AKI) is a common complication in surgical patients and is associated with increased risk of mortality. Drug-induced acute kidney injury (AKI) is a common complication in surgical patients and is associated with increased risk of mortality. Drug-induced acute kidney injury (AKI) is a common complication in surgical patients and is associated with increased risk of mortality.