

# Cases in hemodialysis

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# Case 1

- **78 y/o man case of diabet from 30year before come emergency ward with foot edema ,dyspnea ,confusion**
- **BP =160/90 PR=88/min fine crackle audible up to ½ of lung base**
- **2+ foot edema**
- **Cr=7.2 mg/dl Na=124meq/l K=5.3 PH=7.3 Hco3=16meq  
Hb=11mg/dl Plt =110000**

**Please write your dialysis plan**

# Case 2

- 65y/o woman with history of herpes zoster from 2 week before who was treated with acyclovir ,she also had diarrhea from last week ,come in emergency ward with nausea & vomiting
- BP =110/70 PR=110/min no edema
- Cr=12 mg/dl Na=158meq/l K=7 PH=7.24 Hco3=15meq  
Hb=11mg/dl Plt =130000

**Please write your dialysis plan**

# Case 3

- Nephrology consult requested in emergency ward for 30 y/o man with multiple trauma 7days before with anuria , edema & decrease of consciousness
- BP =150/90 PR=76/min generalized edema
- Cr=14 mg/dl Na=142meq/l K=5.8 PH=7.1 Hco3=8meq  
Hb=9mg/dl Plt =88000 cpk=24000

**Please write your dialysis plan**

# Case 4

- 56 y/o man on chronic hemodialysis 4 hour, 3 time /week
- In monthly laboratory evaluation we have these data
- Cr=5.9 mg/dl Na=138meq/l K=4.3 PH=7.3 Hco3=23meq Hb=9.8 mg/dl Plt =156000 ferritin=48mg/dl
- URR 76% KT/V =1.42 he also using erythropoietin 4000 IU /SC/QOD

**What is your plan for correction of anemia?**

**1-Increase dialysis time in every session**

**2-Dialysis 4 time /week**

**3-Increase dose if erythropoietin**

**4-Administration of oral iron**

**5 –Administration of IV iron**