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Ensuring hemodynamic stability in Neonates requiring Continuous Renal Replacement Therapy

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Small children and neonates requiring continuous renal replacement therapy (CRRT) are some of the sickest patients in the ICU. These patients, who are already hemodynamically compromised, may become increasingly unstable during CRRT initiation and circuit changes. Using normalized blood for priming filters in unstable patients reduces the risk of increased hemodynamic instability, especially when the extracorporeal volume is 10% or greater. Exposure to stored blood increases the patient's risk of complications, especially when filter changes are routinely done every 72 hours. Using an alternative

method for filter changes reduces or eliminates the need for stored blood usage.

Speaker Biography

Suzan R Miller-Hoover is a pediatric critical and acute care clinical nurse specialist. She has been a nurse in critical care for over 40 years. During the past 10 years, she has been a mentor for evidence-based implementation and research projects. She is a published author and has presented both poster and podium presentations. Providing evidence-based best practices for patients of all ages is her passion.

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