

2nd International Conference on Nursing & Healthcare

November 17-19, 2014 DoubleTree by Hilton Hotel Chicago-North Shore Conference Center, USA

Acute kidney injury: Critical impact and nursing advocacy

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This presentation will focus on acute kidney injury (AKI), and why our role as critical care nurses can impact outcome. AKI characteristics, its incidence and causes in sepsis, ischemia/reperfusion and nephrotoxin exposure will be reviewed. The impact of AKI on recovery and mortality as well as discussion of the use of new biomarkers which will replace BUN and Creatinine will be described. Critical care nursing assessment of the potential for AKI will include use of the most simple, accurate and useful biomarker we currently use today: urine output. Research on the usefulness of accurate urine output measurement on outcomes will also be reviewed and why we can make an impact on patient outcomes.

Objectives:

- 1) Identify 2 characteristics of AKI
- 2) Describe one way renal ischemia can cause kidney injury
- 3) Identify one reason creatinine is not an accurate biomarker for indication of AKI
- 4) Identify a common, useful and accurate biomarker we have to use to indicate AKI

Biography

Susan Dirkes is a staff nurse at the University of Michigan Health System on a medical-surgical progressive care unit and in the Surgical Intensive Care unit. Prior to that, she was an educator in the Surgical ICU at the University of Michigan for 25 years. She is extensively experienced in acute kidney injury, ARDS, extracorporeal membrane oxygenation and critical care. She also worked for 15 years at the Corporate level with renal companies such as Baxter Inc and NxStage Medical Inc. She has published extensively on dialysis and critical care topic such as positioning in ARDS, and is internationally known in the field of dialysis and continuous renal replacement therapy. She received her undergraduate degree from Mercy College of Detroit and her Master's degree from Madonna University in Michigan. She is President of Nursing Resources LLC also.

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