Nutrition

Critically ill patients should not be starved or have their protein intake restricted in an attempt to avoid renal replacement therapy. It is better to accept the need for renal replacement therapy and allow appropriate nutrition. Specially formulated "renal" feeds have no advantage over standard feeding compounds in critically ill patients.

Recovery

The recovery phase is marked by an increase in urine volume as the nephrons recover and renal replacement therapy can be stopped. However, vigilance is still required as the kidney will have a reduced ability to conserve sodium, potassium, bicarbonate, and water. Modern management has made massive electrolyte and water losses uncommon. They may still occur after the relief of urinary tract obstruction because of the severe chronic distal tubular damage. Nephrotoxins and vasoactive drugs must be used with care, and non-steroidal anti-inflammatory drugs should be avoided. Renal function will usually return to within 90% of normal by 6 months after recovery from critical illness.

Patients with pre-existing chronic renal failure have a limited ability to conserve electrolytes and water which depends on their residual functioning renal mass. They cannot concentrate their urine to the normal level and may have an obligatory urine volume of up to 3 litres a day. As their intrarenal vascular compensatory mechanisms are continuously activated, they are more vulnerable to any insult. Careful attention to circulatory stability, electrolyte and water balance, and drug administration is essential.

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Semicontinuous haemofiltration

Key points

- Circulation must be corrected before any other specific intervention is started
- The cause of renal dysfunction must be determined and if possible treated
- Renal replacement therapy should be started and tailored according to the degree of biochemical derangement and the patient's underlying condition
- Primary renal disease is rare in critically ill patients but requires prompt referral to a nephrologist to avoid irreversible renal failure

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A memorable patient

A spirit of adventure prevails

It had been a lovely sunny spring morning when I had started my shift in the accident and emergency department of the Royal Victoria Hospital in Belfast. But with no windows and no natural light in the department we were deprived of the day's cheery brightness. It hadn't been a busy morning so the day was starting to drag. The triage of "shortness of breath" on the only available patient did not raise my spirits (as a surgical trainee this was not my area). But the gentleman in the cubicle was not our usual punter. An elderly Londoner, wearing dark shades despite the strip lighting, he spoke with a strong Caribbean accent.

He told me that it had always been his ambition to visit Northern Ireland and now with the cease fire in place he had finally booked up. He had set out at 4 am from his home in London to travel by train to Holyhead, by boat to Dublin, and by a further train from there to Belfast. Having done the various stages of this journey I was impressed that he had completed the distance in one effort. It's a tough journey not for the faint hearted. Unfortunately, on arrival in Belfast at lunch time he had required direct transfer by ambulance from the station to the hospital, suffering from shortness of breath.

With his early start, he explained, he had forgotten his tablets. And what tablets was he on? "The breathing tablet, the diabetes

tablet, the heart tablet, the kidney tablet..." I rang his general practitioner to get the details. I was taken aback to hear that he was on a total of 15 medications to support virtually every system in his body.

His breathing settled with a nebuliser, and our pharmacy department kindly agreed to dispense a four day supply to allow him to finish his holiday so he was fit for discharge. While we waited for the prescription I sat for a while and chatted with him. He was a bright, cheerful man who'd had an adventurous history. He took a picture of me with the instamatic camera he had bought in the duty free shop on the crossing.

As he departed in a taxi to his bed and breakfast guest house, I marvelled at how a man encumbered with such significant medical problems and burdened with the duties of his regular medications, could embark on this long journey from one end of the United Kingdom to the other. His cerebral ambitions were sufficiently strong to overcome his physical frailties. I hope that I might retain such a spirit of independence and adventure when I reach his age. He was 80 years old.

Emmet Andrews, *surgical registrar, Waterford, Republic of Ireland*