

## CARE OF PATIENTS WITH KIDNEY FAILURE

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### Abstract

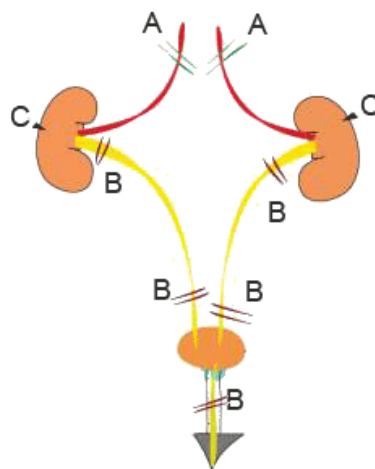
This scientific article describes the classification of kidney failure and its treatment and causes.

**Keywords:** water, electrolyte, nitrogen and other types of exchange, anuria, uremia, glomerulonephritis, pyelonephritis, tuberculosis, kidney stone disease...

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Renal failure is a syndrome of reduced kidney function. It can happen suddenly (acute) or gradually (chronic). A lot of blood loss, a drop in blood pressure due to a mechanical injury or blood transfusion that does not match the patient's blood group, electric shock, septic abortion, etc.; damage to the kidney parenchyma due to poisoning from drugs and other metal salts; Obstruction of the ureter by a tumor or kidney stones, damage to both kidneys due to trauma can cause acute kidney failure. In acute kidney failure, kidney function, in particular, the exchange of nitrogen, water salt and other substances is impaired, in which urine is excreted less often, and in severe cases it is not excreted at all (anuria, uremia). The amount of urea in the blood increases, the body is poisoned by urine; fluid accumulates under the skin, in the abdomen and chest (water obesity). Chronic kidney failure is mainly a consequence of long-term kidney and urinary tract diseases (glomerulonephritis, pyelonephritis, tuberculosis, kidney stone disease, etc.) and continues with kidney tissue swelling (nephrosclerosis) or sac-like expansion (hydronephrosis). Thirst, dry mouth, dry and itchy skin, vomiting, anemia; symptoms of respiratory, cardiovascular and ventricular dysfunction are observed. The relative density of urine decreases, and its quantity increases. Kidney failure is a pathological condition that occurs in various diseases and is characterized by a violation of all functions of the kidney. In this case, water, electrolyte, nitrogen and other types of exchange are lost. Acute and chronic kidney failure are distinguished

Classification of acute kidney failure by causes:



### Causes of kidney failure

**In the picture:** A — prerenal kidney failure; B — postrenal kidney failure; C — renal failure.

**Prerenal.** This is due to impaired renal blood flow. Not enough blood gets to the kidney. As a result, the process of urine formation is disturbed, pathological changes occur in the kidney tissue. It occurs in about half of patients (55%).

**Renal.** It is related to the pathology of kidney tissue. The kidney is adequately supplied with blood, but cannot produce urine. It occurs in 40% of patients.

**Postrenal.** Urine is produced in the kidney, but it cannot come out due to an obstruction in the ureter. If the obstruction is only in the urinary tract, the function of the damaged kidney will be taken over by the healthy kidney - kidney failure will not occur. This condition occurs in 5% of patients.

In acute and chronic kidney failure, a general analysis of urine can reveal the following:

- Changes in urine density due to impaired kidney function;
- Having a small amount of protein;
- Presence of erythrocytes in urolithiasis, infections, tumors, injuries;
- Leukocytes - in infections, autoimmune diseases.

Bacteriological examination of urine. If kidney dysfunction is caused by an infection, the pathogen is identified during the study. In addition, this analysis allows to determine the infection caused by kidney failure, to determine the sensitivity of the pathogen to antibacterial drugs.

General blood analysis. In acute and chronic kidney failure, the following changes are detected in the general blood analysis:

- An increase in the number of leukocytes, an increase in the erythrocyte sedimentation rate (ESR) is a sign of infection, inflammatory process;
- A decrease in the amount of erythrocytes and hemoglobin (anemia);
- Decreased platelet count (usually mild).

Biochemical blood analysis. It helps to assess the pathological changes in the body due to kidney dysfunction. During the analysis, certain specific changes are determined depending on the form of kidney failure. Instrumental detection methods. Ultrasound examination (UTT), computed tomography (CT) and magnetic resonance imaging (MRT).

These methods make it possible to examine the kidneys, their internal structure, renal calyces, ureters, urinary tract, and bladder. In acute kidney failure, these methods are used to determine the cause of the narrowing of the urinary tract.

Ultrasound dopplerography. Blood flow in the renal vessels can be assessed during an ultrasound examination.

X-ray of the chest. To detect certain respiratory diseases that may be the cause of kidney failure.

Chromocystoscopy. In case of acute kidney failure, a substance is injected into the vein of the patient, which is excreted through the kidney and stains the urine. Then a cystoscopy is performed - examination of the urinary bladder with the help of a special endoscopic instrument inserted through the urethra.

Acute kidney failure requires immediate hospitalization of the patient in a nephrology hospital. If the patient's condition is serious, he will be admitted to the intensive care unit. Treatment depends on the causes of kidney dysfunction.

Treatment of chronic kidney failure depends on its stage. At the initial stage, treatment of the main disease is carried out - it helps to prevent serious disorders of kidney function, and it is easier to eliminate them later. When there is a decrease in the amount of urine and the appearance of symptoms of kidney failure, it is necessary to start fighting with pathological changes in the body. During the recovery period, it is necessary to eliminate the consequences.

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