

- Seizures
- Stupor or coma

Signs of acute heart failure (sometimes).

## **Therapeutic Management**

The goals of therapy are early diagnosis and aggressive, supportive care of the AKI and hemolytic anemia. Hemodialysis or peritoneal dialysis is instituted in any child who has been anuric for 24 hours or who demonstrates oliguria with uremia or hypertension and seizures. Other treatments include use of pharmacologic agents, fresh-frozen plasma, and plasmapheresis. Blood transfusions with fresh, washed packed cells are administered for severe anemia but are used with caution to prevent circulatory overload from added volume.

## **Prognosis**

With prompt treatment, the recovery rate is about 95%, but residual renal impairment ranges from 10% to 50%. Long-term complications include chronic kidney disease (CKD), hypertension, and CNS disorders. Death is usually caused by residual renal impairment or CNS injury.

## **Nursing Care Management**

Nursing care is the same as that provided in AKI and, for children with continued impairment, includes management of chronic disease. Because of the sudden and life-threatening nature of the disorder in a previously well child, parents are often ill prepared for the impact of hospitalization and treatment. Therefore, support and understanding are especially important aspects of care.

## **Renal Failure**

Renal failure is the inability of the kidneys to excrete waste material, concentrate urine, and conserve electrolytes. It can occur suddenly (e.g., AKI) in response to inadequate perfusion, kidney