- Neurologic involvement
- Progressive confusion
- Dulled sensorium
- Coma (ultimately)
- Tremors
- Muscular twitching
- Seizures

Laboratory and other diagnostic tools and tests are of value in assessing the extent of renal damage, biochemical disturbances, and related physical dysfunction (see Tables 26-1 to 26-3). Often they can help establish the nature of the underlying disease and differentiate among other disease processes and the pathologic consequences of renal dysfunction.

Therapeutic Management

In irreversible renal failure, the goals of medical management are to (1) promote maximum renal function, (2) maintain body fluid and electrolyte balance within safe biochemical limits, (3) treat systemic complications, and (4) promote as active and normal a life as possible for the child for as long as possible. The child is allowed unrestricted activity and is allowed to set his or her own limits regarding rest and extent of exertion. School attendance is encouraged as long as the child is able. When the effort is too great, home tutoring is arranged.

Diet regulation is the most effective means, short of dialysis, of reducing the quantity of materials that require renal excretion. The goal of diet management in renal failure is to provide sufficient calories and protein for growth while limiting the excretory demands made on the kidneys, to minimize metabolic bone disease (**osteodystrophy**), and to minimize fluid and electrolyte