Intradialytic Hypotension

Table 1. Summary of Management Strategies for Treatment and Prevention of Intradialytic Hypotension

Management Strategies	Proposed Physiologic Mechanism to
(Grouped)	Counteract IDH
Immediate management	
(excluding acute medical emergencies)	
Stop ultrafiltration	Optimize plasma refill / augment preload
Trendelenburg position	Augment venous return / preload
Saline or albumin infusion	Augment venous return / preload Augment venous return / preload
Consider reduction in blood	Optimize plasma refill (minimize osmolar
flow (Qb) and dialysate flow	gradients)
(Qd)	gradicitis)
First-line preventive	
measures	
Reassess estimated dry weight	Optimize plasma refill / augment preload
Reassess ultrafiltration rate	Optimize plasma refill / augment preload
Counsel about dietary sodium	Optimize plasma refill / augment preload
and fluid goals	, , ,
Avoid food ingestion during	Promote arteriolar vasoconstriction
hemodialysis	
Review antihypertensive	Promote arteriolar vasoconstriction /
regimen	optimize cardiac function
Review dialysate composition	Promote arteriolar vasoconstriction /
(Ca^2, Mg^2, Na, HCO)	optimize cardiac function
Second-line preventive	
measures	
Prescribe dialysate cooling	Promote arteriolar vasoconstriction /
	optimize cardiac function
Evaluate for undiagnosed	Promote arteriolar vasoconstriction /
cardiac disease	optimize cardiac function
Increase dialysis treatment	Optimize plasma refill / augment preload
time	
Third-line preventive	
measures	D
Initiate midodrine before	Promote arteriolar vasoconstriction /
hemodialysis Change dialysis modality*	optimize cardiac function Optimize plasma refill / sugment prelead*
Change dialysis modality*	Optimize plasma refill / augment preload*

^{*}Mechanism for "Change dialysis modality" inferred (image slightly unclear); confirm if your source lists a different mechanism.

Source: Adapted from European Best Practice Guidelines (50).

Converting This Markdown to PDF

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