



**Common causes of hypotension in ESRD:**

- Intradialytic hypotension
- Sepsis
- Cardiac dysfunction (ischemia, LV hypertrophy, arrhythmia)
- Pericardial disease (effusion, tamponade)
- Hemorrhage (GI and vascular access-associated bleeding)
- Gastrointestinal losses

**Common infections in ESRD:**

- Line associated infection
- Below knee infection
- PNA (MRSA risk factor)
- Skin and soft tissue infection
- UTI (even if anuric)
- Overall, Staph > gram negative species

**US for volume tolerance**

- Lung US: B lines
- IVC Collapsibility with Respiration:
  - % Δ IVC = (max diameter - min diameter / max diameter) x100
  - >40 50% ΔIVC = likely fluid tolerant in spontaneously breathing pt
- LVOT VTI:
  - ≥15% following 500cc IVF bolus
  - ≥12% following passive leg raise maneuver

**pH-Guided Fluid Resuscitation**

- Indications: Uremic AG Metabolic Acidosis
- Calculate bicarb deficit:
  - MDcalc
  - Aim to replace about 80%
- Administer 150 mEq /L of isotonic bicarbonate
  - 50 mEq ampules of sodium bicarb x3
  - Into 1 liter of sterile water or D5W
  - 125-100mL/hr

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