Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care
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Optimal CRRT Dosing Strategy in Sepsis-Associated AKI

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Sepsis is the single leading cause of AKI in the critically ill, doubling to tripling mortality and frequently requiring renal replacement therapy. Because septic kidney injury is partly mediator-driven, the convective removal of middle molecules gave rise to the cytokine hypothesis and, following Ronco's 2000 trial, to a decade of enthusiasm for high-volume hemofiltration. Yet large randomized trials have since failed to confirm any survival benefit from higher intensity, raising the question of what "optimal" dosing really means at the bedside. This lecture will discuss how CRRT dose is defined and why prescribed and delivered doses diverge, review the trial evidence for a flat dose–response curve—including sepsis-specific studies—examine the harms of both over- and under-dosing, and conclude with a practical strategy for reliably delivering the guideline-recommended dose.

Keywords: continuous renal replacement therapy, dose, sepsis, acute kidney injury