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Clinical Characteristics and Short-Term Outcomes of Critically Ill Patients with Acute Kidney Injury requiring Continuous Kidney Replacement Therapy

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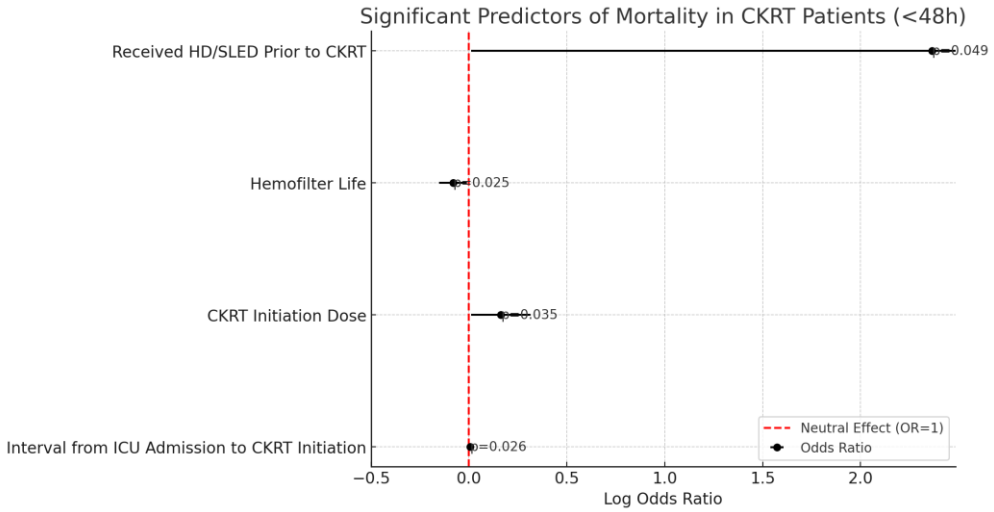
Objectives : Acute kidney injury (AKI) in critically ill patients often requires continuous kidney replacement therapy (CKRT). Despite its widespread use, mortality remains high, and variability in initiation and prescription may influence outcomes. This study examines clinical characteristics and short-term outcomes, and identifying key predictors of mortality and renal recovery.
Methods : A retrospective study of 121 AKI patients requiring CKRT at St. Luke's Medical Center from January 2023 to December 2024 was conducted. Patients were categorized as Survivors (alive after 48 hours of CKRT) and Non-survivors (expired <48 hours of CKRT). Logistic regression analyses were used to identify independent predictors of mortality and renal recovery.
Results : Median age was 66.5 years, with 58.7% male predominance. Most common ICU diagnoses were sepsis (59.5%), respiratory failure (47.1%), and cardiovascular emergencies (33.9%). The overall mortality rate was 80.2%. Malignancy (OR = 2.68, p = 0.023) and metabolic acidosis (OR = 2.36, p = 0.015) increased mortality risk, while cardiac disease appeared protective (p = 0.016, mostly hypertensive patients). Survivors had longer hemofilter life (p = 0.008) and CKRT duration (p = 0.046), indicating better circuit efficiency. Higher CKRT doses (35 vs. 31 mL/kg/hr, p = 0.007), Delayed initiation (p = 0.008) and prior HD/SLED (OR = 10.639, 95% CI: 1.011–111.952, p = 0.049) raised mortality. Of 24 survivors, 11 were discharged, while 13 later died. Lower albumin, hemoglobin, and hematocrit levels correlated with mortality (p < 0.05). Among 11 survivors, 27% remained dialysis-dependent, predicted by higher creatinine (4.62 mg/dL) and lower eGFR (19.3 mL/min).
Conclusions : There is high mortality rates 80.2% in critically ill AKI patients requiring CRRT. Early initiation, optimized dosing, and better anticoagulation strategies may improve outcomes. Future research should focus on long-term renal recovery, improved anticoagulation strategies for filter efficiencyand personalized CKRT prescriptions.

CKRT Figure 1.png



CKRT Figure 1.png