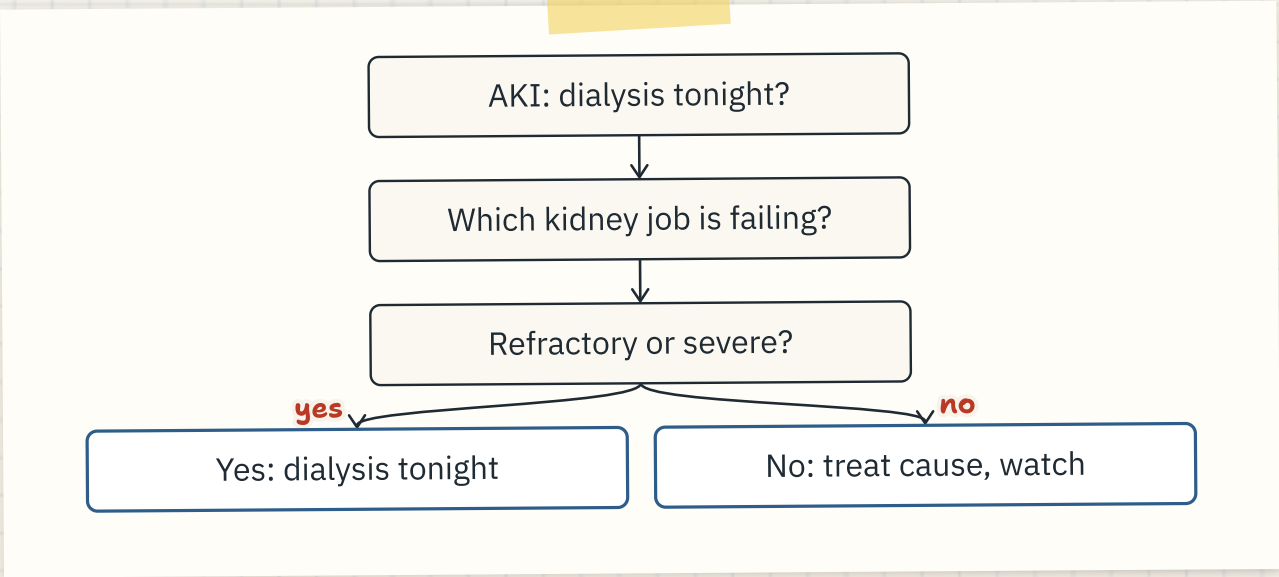
Urgent dialysis: A E I O U

Treat the patient, not just the creatinine



Step by step

1. Ask which kidney job is failing: potassium, acid, fluid or waste.
2. Has medical treatment failed? That is the word: refractory.
3. Poisons: judge by severity. Uraemia: a complication (pericarditis, encephalopathy, bleeding) counts.
4. Do not decide on creatinine or BUN alone.

	Indication	Trigger
A	Acidosis	Severe, not corrected by bicarbonate and treating the cause
E	Electrolytes	Hyperkalaemia persisting after medical measures
I	Intoxication	Severe poisoning, dialyzable agent
O	Overload	Pulmonary oedema not responding to diuretics
U	Uraemia	Pericarditis, encephalopathy, bleeding

A E I O U

A E I O U

Acidosis, Electrolytes, Intoxication, Overload, Uraemia

Refractory for potassium, acid and fluid; severity for toxins; a complication for uraemia

Exam traps

- ! A high creatinine or BUN alone is not an indication.
- ! No standard pH or bicarbonate cutoff exists.
- ! In critically ill AKI without an urgent indication, starting early did not improve 90-day mortality.

Urgent dialysis indications: the A E I O U checklist

Video, written lesson, practice question and sources: medservatory.com/usmle-step-2-ck/nephrology-electrolytes/urgent-dialysis-indications-aeiou

For exam study only, not medical advice. Follow local guidelines and your lab's ranges.
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