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Exploring the Utility of Renal Resistive Index in Critical Care: Insights into ARDS and Cardiac Failure

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Abstract: The renal resistive index (RRI), a Doppler ultrasound-derived parameter measuring renal vascular resistance, has emerged as a promising non-invasive tool to evaluate renal hemodynamics in critically ill patients, particularly those with acute respiratory distress syndrome (ARDS) and heart failure (HF). This narrative review examines the current evidence for RRI measurement in these conditions, exploring its physiological bases, methodology, clinical applications, and limitations. In ARDS, RRI reflects the complex interactions between positive pressure ventilation, hypoxemia, and systemic inflammation, showing a role in predicting acute kidney injury and monitoring response to interventions. In HF, RRI is able to assess venous congestion and cardiorenal interactions and can also serve as a prognostic indicator. Many studies have shown RRI's superiority or complementarity to traditional biomarkers in predicting renal dysfunction, although its interpretation requires consideration of multiple patient-related factors. Key challenges include operator dependency, lack of standardization, and complex interpretation in multi-organ dysfunction. Future research should focus on measurement standardization, development of automated techniques, investigation of novel applications like intraparenchymal renal resistive index variation, and validation of RRI-guided management strategies. Despite its limitations, RRI represents a valuable tool that offers bedside and real-time insights into renal hemodynamics and potential guidance for therapeutic interventions. Further research is needed to fully clarify its clinical potential and address current limitations, particularly in critical care settings involving multiple organ dysfunction.

Keywords: renal resistive index; critical care; ARDS; heart failure; duplex Doppler sonography

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1. Introduction

Renal resistive index (RRI), an ultrasound vascular Doppler-derived parameter, evaluates renal resistance and compliance; it was first described by Pourcelot in 1974 [1,2].

RRI was primarily explored as a diagnostic tool in situations in which intrarenal impedance is altered, particularly renovascular and chronic kidney disease; however, it

Renal Problems In Critical Care

Michael James Murray

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research supported nursing assessment and intervention practices Drug boxes include common classifications of critical care drugs for specific disorders including drug actions dosage and special considerations Applying the Technology features help you apply the latest technology to patient care NIC Interventions boxes list NIC intervention labels appropriate for the conditions discussed in a chapter Controversies in Intensive Care Medicine Ralf Kuhlen, 2008 In recent years many clinical interventions in intensive care medicine have been based on clear scientific evidence However at least as many clinical interventions still remain the subject of controversy either due to a lack of rigorous data or due to the existence of conflicting data In this book these controversies are discussed by experts of international renown in their respective fields The goal is twofold To provide us with a balanced and unbiased presentation of the subject explaining the different schools of thought relevant to the controversy To summarise the data with a clinically useful and valid recommendation for our practice Virtually all fields of intensive care medicine are covered in over 50 chapters dealing with controversies over treatment options in acute illness states organising and providing care for acutely ill patients as well as how to answer ethical questions arising in critical care medicine every day Advanced Practice in Critical Care Sarah McGloin, Anne McLeod, 2010-04-26 Advanced Practice in Critical Care provides experienced critical care nurses with a clear and distinct evidence base for contemporary critical care practice Central to the book is the application of research and evidence to practice and therefore case studies and key critical care clinical situations are used throughout to guide the reader through the patient care trajectory Each chapter introduces an initial patient scenario and as the chapter progresses the patient scenario develops with the theoretical perspectives and application In this way it is evident how multi organ dysfunction develops impacting upon and influencing other body systems demonstrating the multi organ impact that is often experienced by the critically ill patient In this way consequences of critical illness such as acute renal failure haemostatic failure and liver dysfunction are explored Throughout the text key research findings and critical care treatment strategies are referred to applied and evaluated in the context of the given patient case study Advanced assessment techniques are explained and the underlying pathophysiology is discussed in depth Advanced Practice in Critical Care is an essential resource for experienced practitioners within critical care whom primarily care for patients requiring high dependency or intensive care Textbook of Pulmonary and Critical Care Medicine SK Jindal, 2017-07-17 The second edition of the comprehensive two volume set brings respiratory medicine specialists fully up to date with the latest advances and information in their field Beginning with an introduction to lung development and physiology of the respiratory system the next chapters discuss pharmacology symptoms and respiratory diagnosis Each of the following sections is dedicated to a specific type of respiratory disease or infection further divided to provide in depth detail on every aspect of the topic The text also explains how each respiratory disorder may be associated with other medical specialities such as critical care cardiology sleep medicine and infectious diseases This two volume set features numerous pulmonary radiographs including CT nuclear images bronchoscopy and

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presented text is organized into three sections focusing on up to date background Blood Purification in Intensive Care Claudio Ronco, Rinaldo Bellomo, G. La Greca, 2001-01-01 In the last twenty years critical care medicine has been established as a specialty with its own therapies and procedures with significant implications for clinical nephrology regarding severe acute renal failure This typically multi factorial condition is today predominantly seen in intensive care units The complex knowledge and skills necessary to handle it have resulted in a field called Critical Care Nephrology where nephrologist and intensivist either work side by side or have formally acquired expertise and training in both specialties Extracorporeal renal replacement therapies although originally used to treat end stage renal disease patients rapidly gained importance for acute patients This has had far reaching implications for the initiation and possible role of blood purification in the management of critically ill patients widening the scope of interaction between the nephrologist and the intensivist Experts in the field have contributed to the present book providing a comprehensive review of the different blood purification techniques relevant in the intensive care unit in the case of multiple organ failure. The resulting mix of established knowledge and recent results from both clinical trials and basic research constitutes a valuable tool for all professionals involved in the care of the critically ill patient Blood Purification in Intensive Care C. Ronco, R. Bellomo, Claudio Ronco, G. La Greca, 2001-07 In the last twenty years critical care medicine has been established as a specialty with its own therapies and procedures with significant implications for clinical nephrology regarding severe acute renal failure. This typically multi factorial condition is today predominantly seen in intensive care units The complex knowledge and skills necessary to handle it have resulted in a field called Critical Care Nephrology where nephrologist and intensivist either work side by side or have formally acquired expertise and training in both specialties Extracorporeal renal replacement therapies although originally used to treat end stage renal disease patients rapidly gained importance for acute patients This has had far reaching implications for the initiation and possible role of blood purification in the management of critically ill patients widening the scope of interaction between the nephrologist and the intensivist Experts in the field have contributed to the present book providing a comprehensive review of the different blood purification techniques relevant in the intensive care unit in the case of multiple organ failure The resulting mix of established knowledge and recent results from both clinical trials and basic research constitutes a valuable tool for all professionals involved in the care of the critically ill patient **Annual Update in** Intensive Care and Emergency Medicine 2017 Jean-Louis Vincent, 2017-03-31 The Annual Update compiles reviews of the most recent developments in experimental and clinical intensive care and emergency medicine research and practice in one comprehensive reference book The chapters are written by well recognized experts in these fields The book is addressed to everyone involved in internal medicine anesthesia surgery pediatrics intensive care and emergency medicine

Management of Acute Kidney Problems Achim Jörres, Claudio Ronco, John A. Kellum, 2010-03-11 Acute kidney failure is an important clinical area in the intensive care unit setting An estimated 5 20% of critically ill patients experience an episode of

acute kidney failure during the course of their illness and about 5% of patients admitted to an ICU will eventually require renal replacement therapy In these patients in hospital mortality is extremely high exceeding 50%. Thus the early detection and causal treatment of acute kidney problems is vitally important for a successful outcome Written by internationally renowned experts this clinical reference offers helpful advice with the most recent information on the definition epidemiology pathophysiology and clinical causes of acute kidney failure as a fundamental prerequisite for prevention of this disorder. Moreover it also covers differential diagnostic approaches for patients with acute renal failure and provides a detailed outline of important measures for their clinical management Finally separate chapters are dedicated to various key aspects related to the adequate delivery of acute renal replacement therapy. It is intended as a helpful guide for all clinicians involved in the care of patients at risk of developing acute kidney problems

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