



# Preliminary results of multicenter registry of critically ill patients with acute kidney injury in Mexico: IRAM Registry



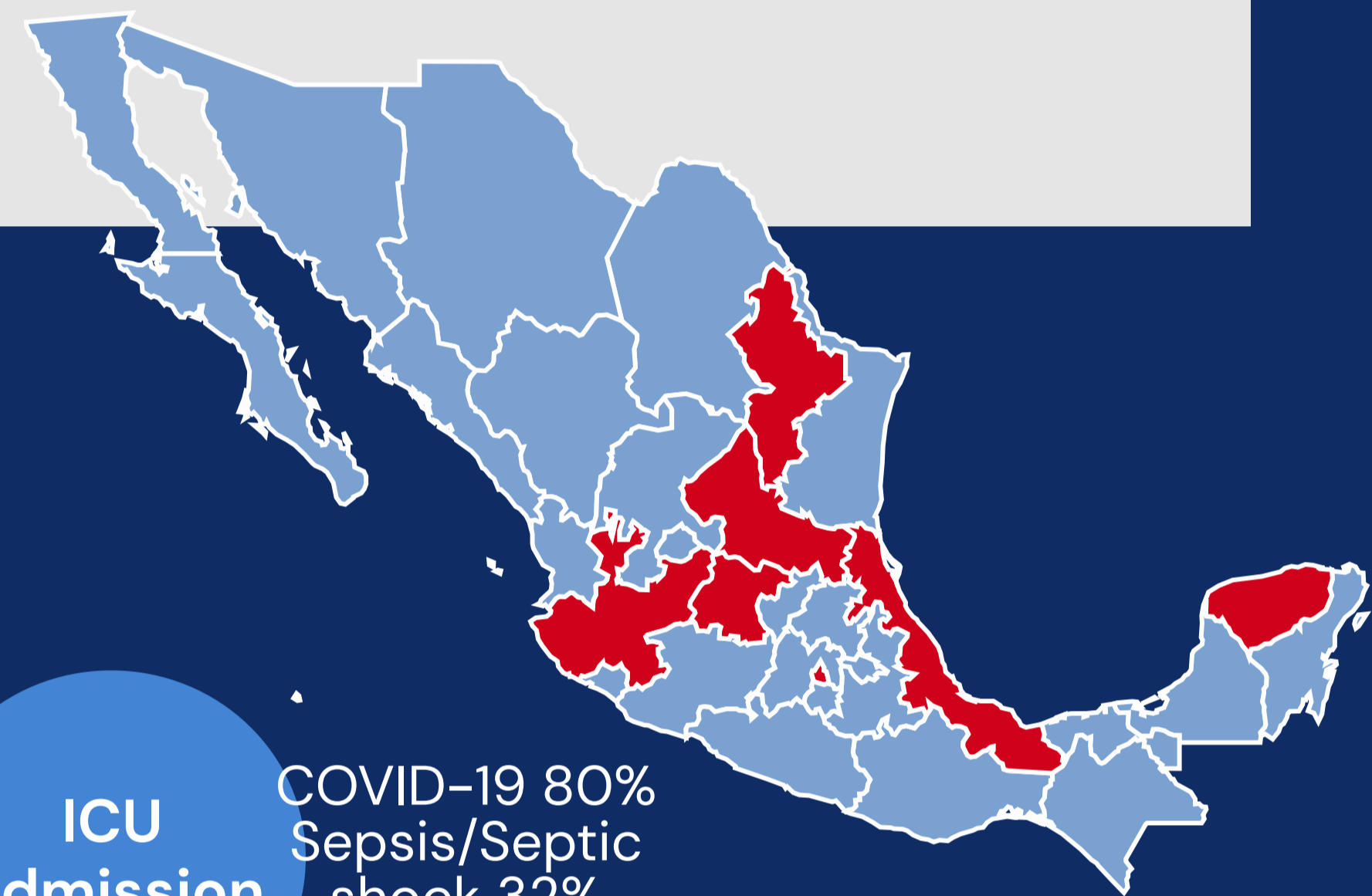
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**Introduction**  
A reliable and objective source of information is required to measure the real magnitude that AKI and renal replacement therapy (RRT) represents in ICU. To our knowledge, there are no registries in Mexico of AKI and RRT

**Aim**  
Here we present the preliminary results of IRAM Registry. The aims of IRAM Registry are estimate the prevalence of AKI with RRT requirements in Mexico teaching Critical Care Units, and to describe which and how are the most prescribed modalities

**Study Design**  
Multicenter prospective registry, electronic platform password-protected 14 ICUs in Mexico through June 19th - December 4th, 2021



n = 190  
Age 53.6 (+-18.2)  
38% 62%

## Characteristics of IRAM Registry population

### RRT Modality

IHD/PIRRT 56%  
CRRT 36%  
PD 16%

### Co-morbidities

DM 47%  
HAS 47%  
CKD 17%  
IHD 17%  
CHF 10%

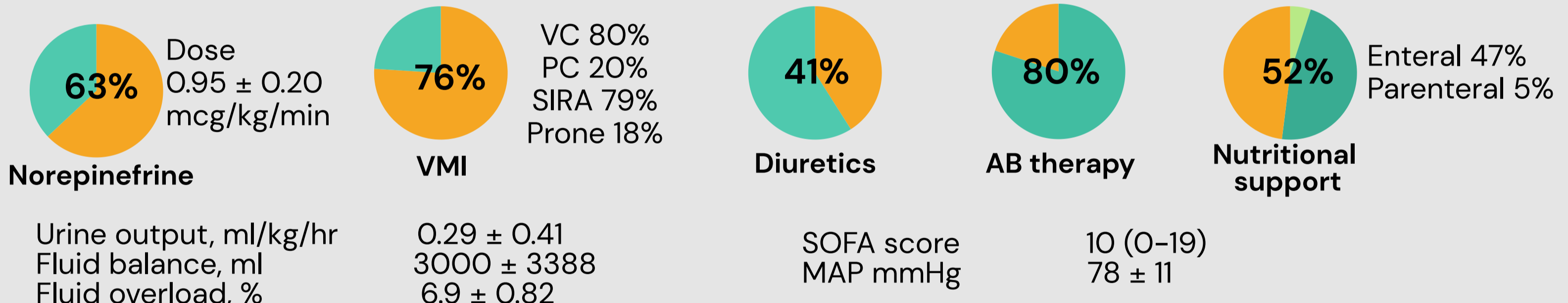
### AKI etiology

Pre-renal 17%  
ATN 76%  
Post-renal 2%  
Toxins 5%

### ICU Admission

COVID-19 80%  
Sepsis/Septic shock 32%

## RRT Initiation



Urine output, ml/kg/hr	0.29 ± 0.41	SOF A score	10 (0-19)	Arterial pH	7.29 ± 0.12
Fluid balance, ml	3000 ± 3388	MAP mmHg	78 ± 11	Bicarbonate, mEq/L	17.7 ± 5.5
Fluid overload, %	6.9 ± 0.82			PaO2, mmHg	74 ± 27
				PaCO2, mmHg	37.9 ± 22.8

Prismaflex® preferred device (98.5%)  
Preferred filter: Baxter® ST150 (85.4%)  
Prescribed dose: 28.6 ± 8.5 ml/kg/hr  
Delivered dose: 24.3 ± 4 ml/kg/hr  
• Qb: 153 ml/min  
• Qd: 1281 ml/min  
• Non-anticoagulation: 62% Citrate: 31% Heparine: 7%

Time: 203 min, 40% > 240 min (PIRRT)  
• Qb: 317 ml/min  
• Qd: 460 ml/min  
Anticoagulation: Heparine (78%)

## Outcomes

<b>Mortality</b> CRRT vs IHD/PIRRT 35% vs 65% p = 0.227	<b>RRT cessation</b> CRRT vs IHD/PIRRT 28% vs 72% p = 0.001	<b>Discharge creatinine mg/dL</b> CRRT vs IHD/PIRRT 2.2 (±1.6) vs 3.3 (±2.7) p = 0.021	<b>ICU length of stay, days</b> CRRT vs IHD/PIRRT 4.5 (±11) vs 3.4 (±7.5) p = 0.457	<b>Increase in vasopressor</b> CRRT vs IHD/PIRRT 5.5% vs 33% p = 0.001	<b>Achieved UF, ml</b> CRRT vs IHD/PIRRT 2239ml (±1130) vs 1720 (±1232) p = 0.001
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**Conclusion**  
In this preliminary analysis of the IRAM registry, the most prescribed modality in Mexican ICUs was IHD. The prescribed dose of CRRT is within the recommended goals. As expected, the UF achieved was higher with CRRT and with a lower requirement of increased vasopressor during treatment.