**CCT: HEMOLYTIC UREMIC SYNDROME**

**PURPOSE**
A. To provide consistent, optimal care for the patient with hemolytic uremic syndrome

**DEFINITIONS**
A. Hemolytic Uremic Syndrome (HUS) is recognized as the most common cause of acute renal failure in infants and young children. It is most commonly linked to a diarrheal prodrome from E. coli infection

**CLINICAL PRESENTATION:**
A. Diagnostic criteria: hemolytic anemia, thrombocytopenia, and uremia (Acute renal failure).
B. Management of HUS is supportive with special consideration to fluid management, hyperkalemia, electrolyte disturbances, symptomatic anemia, bleeding, seizures, change in mental status, fluid overload and hypertension

**GUIDELINES**
A. Airway: Maintain normal oxygenation saturations and ventilation
B. Fluid Management:
   a. Correct dehydration with 20 mL/Kg 0.9% NS or Lactated Ringers
   b. Restrict additional IV fluids to 1/3 maintenance with D5 .45NS. (*See: Fluid and Blood Component Therapy*)
   c. Closely monitor blood pressure and consult medical control for hypertension
C. Consider transfusion of packed RBC’s to keep hemoglobin >7. a. Start with 5 ml/kg.
D. Administer slowly with careful monitoring for symptoms of congestive heart failure and/or hypertension.
E. Monitor electrolytes. Treat hyperkalemia as per protocol. (*See Hyperkalemia*)
F. Follow mental status and neurological exam closely.
G. Monitor for increased intracranial pressure. Treat any seizure activity as per protocol. (*See Pediatric Seizures*)
H. Restrict platelet transfusion to those with severe bleeding or at risk of hemorrhage from surgical or vascular procedures.
I. Platelet transfusions may worsen the neurologic complications of HUS and should only be given after discussion with control physician.

**Required Documentation:**

**Citations/References:**