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Clinical Cases in Kidney Disease

Editors: David Harris

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This informative text is edited by David Harris, Professor of Medicine and Associate Dean of the Western Clinical School of the University of Sydney, Westmead Hospital and a practicing nephrologist. David has brought together a number of eminent experts to present valuable educational cases related to important clinical problems in renal medicine. The book explores 32 cases in five broad areas; fluid and electrolytes, general nephrology, haemodialysis, peritoneal dialysis and transplantation.

Each case is presented and questions are posed for the reader. The scenario continues and the questions are posed at a more complex level of understanding. Explanations for the underlying problems are given and at the end of the case are “clinical pearls” which are points of emphasis and wisdom when confronted with the clinical problems in practice.

A case of interest to most renal nurses is on that addresses dialysis hypotension. Dr Carmel Hawley presents a 75 year old lady who experiences hypotension three hours into a haemodialysis treatment. The first question posed to the reader is related to the possible cause for the hypotensive episode. The correct answer – intradialytic hypotension is most commonly related to the removal of salt and water, is explained in detail. The case continues through three levels of complexity presenting the clinical signs and the causes and management of dialysis hypotension. Adjusting dry weights and more technical considerations including sodium profiling are discussed at the highest level of understanding which for this case is within the scope of practice for a dialysis nurse. The “clinical pearls” for dialysis hypotension are given for each level of the case. An example of a “clinical pearl” at the least complex stage of understanding is – hypotension is often accompanied by cramps, nausea and vomiting. At the more complex level of understanding,

the “clinical pearls” include statements such as – dialysate cooling prevents the rise that usually occurs in a patient’s core body temperature during dialysis and is an effective strategy to reduce the frequency of intradialytic hypotension. Concluding the chapter is a bibliography and the reader is referred to other literature which might provide further explanation of dialysis hypotension.

Aimed at predominantly medical staff, the cases and associated questions are presented at different levels of complexity. For this reason they are able to be understood by all health professionals with an interest in renal patient management. From a nursing perspective, the text would be a valuable learning resource for renal nurses. In particular, renal nurses in advanced practice roles including nurse practitioners and clinical nurse consultants would benefit from the broad areas of clinical practice covered in the text.