Consults

Signed Sep 9, 2026

Consults by Nancy Gritter, MD at 9/9/2026 11:41 AM

Asked to comment on dialysis candidacy and indication by Dr. Zachary Zuzek.

Chart reviewed. Palliative Care note reviewed.

History is well documented, with PMH of long-standing atrial fibrillation, obesity, HTN, OSA, T2DM, baseline creatinine 1.5-2 mg/dL, no proteinuria, previous HFpEF, right ventricular failure with severe fixed pulmonary hypertension. Currently, presentation on 9/6/2026 with cardiogenic shock with lactic acidosis, low normal LVEF 53%, "torrential Tricuspid regurgitation", creatinine of 4.7 mg/dL (down to 3.36 mg/dL today). Now making 4.6 L of urine on lasix gtt, remains on Epi gtt, BP 92/58 HR 130's (afib).

She is not a candidate for advanced heart failure therapies, ECMO, BiV assist device, heart transplant, etc., as documented by cardiology team(s).

Exam:
VS reviewed, tachy, Epi Gtt
Alert and oriented
IRR, systolic murmur
Abd ascites
LE 2++ edema

No indication for dialysis (falling creatinine, UOP >4.5L, K+3.6 mEq/L, bicarbonate of 27, phosphorous of 3.5). Moreover, dialysis outside of a hospital / ICU setting without availability of advanced heart failure therapies and bridge to therapeutic or life sustaining therapy for the underlying primary organ of failure / limitation (her heart) would be futile and of high risk, with the potential of cardiogenic collapse with the extracorporeal circuit itself and preload reduction.

Discussed in detail with patient and husband at the bedside, all questions answered. Discussed with Dr. Zuzek.