**Suspicion of SRC**

- **Admit to Hospital**
  - **Assess Severity**
    - Early ITU/HDU referral if any of the following **warning signs** are positive
      - **Seizures**
        - commence iv phenytoin, Brain imaging & Neurology opinion
      - **Acute pulmonary oedema**
        - IV nitrates and IV diuretic (reduce SVR using IV prostacyclin or nitrate)
      - **Acute Kidney Injury**
        - Control BP. If refractory or AKI worsening consider dialysis
      - **Tachyarrhythmias**
        - beta blockers are a relative c/i
      - **Use nitrates or Iloprost where available**

- **Aim for a reduction in MAP by 10-20% (depending on severity) during the first hour with a target DBP of 100-110mmHg**
- **Is SBP >180 or DBP >110**
  - **Yes**
    - 1st line Ramipril 2.5mg od (or locally available ACEi)
    - 2nd line ARB (if ACEi intolerant, probably at least as good)
    - 3rd line Calcium Channel blocker (preferably short-acting)
    - 4th line Doxazosin 1mg od
  - **No**
    - **Admit to HDU & consider invasive monitoring with Oesophageal Doppler or Swann Ganz catheter. Can titrate management to:**
      - decrease SVR by 1/3
      - increase CI by 1/3
      - increase SV
      - decrease HR

**PD has the advantage of avoiding intra-vascular volume fluid shifts but individual patient’s hands (contractures) or occasionally the severely thickened abdominal skin may preclude this choice**

**Peritoneal Dialysis**
- Can use immediately. Low volume and automated to avoid leaking

**Haemodialysis**
1. CVVHF  
2. CVVHD
3. Intermittent HD

- In dialysis dependent patients, Cr can rise for 7-10 days before plateauing or falling
- Small intravascular changes in the early stages of SRC can alter a patients clinical situation quickly and dramatically, therefore continuous treatment or PD preferred if available
- ACEi must be continued whilst on dialysis

Ref: Ann Intern Med. 2000; 133:600-603

If no signs of renal recovery, consider Renal transplantation after 1-2 years [median time to renal recovery after SRC is 11mths (1-34mths)]
Ref: QJM 2007 100:485-494