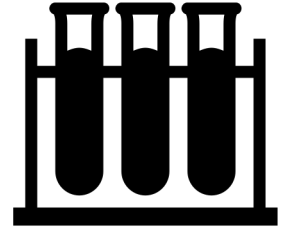




Post-Obstructive Diuresis



Diagnostic Criteria

(after initial amount of urine is drained)

UOP >200 mL/hr for at least 2 consecutive hours

or

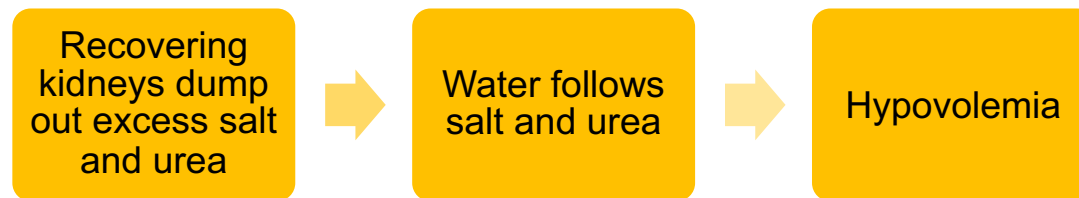
UOP >3 L over 24 hours

Monitoring

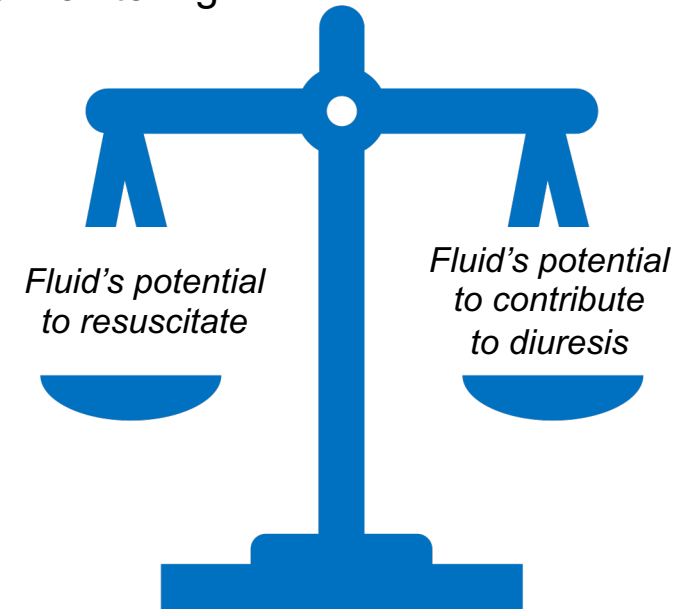
- Vital signs to evaluate for signs of intravascular depletion
- Check UOP every 2 hours
- Check BMP, Mg, Phos every 12 hours and consider cardiac monitoring

Treatment (all supportive)

- Replete electrolytes as needed
- Unrestricted access to free water by mouth
- IV fluids (goal slightly net negative), **usually 0.45% NS**



If you give recovering kidneys more salt than they can handle, you will just contribute to the patient's diuresis



So why 0.45% NS?



Halbgewachs, Colin, and Trustin Domes. "Postobstructive diuresis: pay close attention to urinary retention." *Canadian Family Physician* 61.2 (2015): 137-142.

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