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Acute Renal Failure: An Article Critique

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ABSTRACT
Acute renal failure is caused in patient having hypertension and diabetics. This article provide health care practices to avoid kidney failure using precaution methods.

KEYWORDS: acute renal failure, diabetics.

INTRODUCTION

The aim of this paper is to critique scholarly insights gained from the work of Rigonatto and Magro (2018). Particularly, the program intervention and research-based article sought to identify some of the diabetic and hypersensitive patients reported to be at risk for developing acute kidney injury. Notably, the setting of the study was in the context of primary health care. Indeed, the study was motivated by the affirmation that the promotion of patient safety leans on the ability to (timely) address acute renal failure or acute kidney injury, yet millions of patients and families continue to suffer globally. Some of the fields from which the study drew its literature review include pharmacological studies, nursing research, and clinical trials. From the synthesis of the literature, the authors concurred that most of the previous scholarly studies did not examine some of the risk factors associated with renal failure. Particularly, Rigonatto and Magro (2018) observed that some of the pointers of acute renal failure include reduced urine output and increased serum creatinine and that the majority of the past scholarly contributors acknowledge their role in understanding the occurrence of the acute renal failure in the community and hospital settings. However, the study indicated that aspects such as systemic arterial hypertension and diabetes mellitus increase the risk for acute renal failure, yet the role of these factors in modifying the effects of the health conditions on local populations is yet to receive an in-depth analysis. To address these gaps, the study aimed at establishing diabetic and hypertensive patients likely to suffer from acute kidney injury or acute renal failure and recommend some of the interventions that are worth implementing; gaining specific insights from a primary health care setting.It is also worth noting that the authors conducted an observational, longitudinal, and prospective study in which 56 hypertensive and diabetic individuals were selected. The leading instrument of data collection involved a

semi-structured questionnaire while measures of dispersion aided in describing the results. Similarly, the statistical analysis involved the Spearman test. Given that the central subject concerning acute renal failure was a medical issue, the authors'choice of a healthcare setting was adequate and reliable for the project. Additionally, a sample size of 56 was used to gain data about the subject being investigated, with the participants drawn from different social and cultural backgrounds. Indeed, this sample size was adequate and provided room for a possible generalization of the results to the rest of the sampling frame – about the findings and the subject under investigation. From the findings, 23.2% of the diabetic and hypertensive individuals evolved with renal impairment. From this group, 3.6% were at risk forkidney injury itself while 19.6% were at risk for acute renal failure (or injury). Some of the factors established to worsen the risk included body mass index and age. Hence, it was concluded that there is a direct relationship between being diabetic or hypertensive and the development of acute renal failure.The implication for future research and advanced nursing practice is that program interventions targeting the incidence and prevalence of acute renal failure ought to focus on hypertension and diabetes as principal risk factors; with early interventions poised to foster better patient and health care outcomes. Overall, the selected article is contributory to the field of healthcare because it sensitizes audiences about the role of diabetes and hypertension in increasing the risk for acute renal failure and other kidney complications.

References

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