The Charta of Vicenza

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The opportunity to standardize the terminology used in continuous renal replacement therapies (CRRTs) and extracorporeal techniques for acute kidney injury (AKI) and other critical illnesses has been discussed in multiple occasions. We took advantage of the large crowd gathered in Vicenza, for the 2015 International Course on Critical Care Nephrology, to reinforce this concept and expand the level of consensus. We organized a summit with a board of worldwide experts and most producers of CRRT machines in order to generate a terminology consensus. The group was defined as the Nomenclature Standardization Initiative (NSI) alliance. Such an alliance among academicians and producers had the homogenization of the terminology used in extracorporeal therapies and related techniques as its main mission. It is not the first time that Vicenza sees the birth of important initiatives in the area of AKI. In 1995, a consensus group was created to produce the first nomenclature consensus in the area of CRRTs, and since then a continuous effort has always been made to maintain high the attention to this matter [1–6]. The first Acute Dialysis Quality Initiative meeting, held in Vicenza in 2002, gave origin to RIFLE and the universal definition of AKI, and many other achievements have subsequently been made by this consensus group [7–12]. Later, the Michelangelo Retreat, also held in Vicenza, gathered members from different scientific societies of the world and the Acute Kidney Injury Net-

work group was created [13]. This year, the summit followed an intense activity of discussion and interaction to achieve a consensus on the meaning of the terminology used, a homogenization of the abbreviations and a common definition for hardware components, techniques and operations in machines and platforms for acute extracorporeal therapies.

The initiative resulted in 2 manuscripts that will be subject to further evaluation by the experts and will eventually be published in the near future. The meeting, however, was characterized by a strategic plan with the commitment of all parties to carry this initiative forward. All participants signed a document called the 'Charta of Vicenza'. A large number of professionals, academic experts, investigators and scientists agreed on the content of the document and signed it (appendix 1). In figure 1, we report the first page of the document. Figure 2 reports the historical photo at the end of the summit with a group of participants involved in the final discussion of the nomenclature.

The text reported in the document, that was signed, is the following:

We, the participants of the Vicenza 2015 NSI, agree to make any possible effort to standardize the nomenclature of CRRTs and to homogenize its terminology in manuscripts, books, machine software and data collection registries of the future.

Fig. 1. The Charta of Vicenza.

Fig. 2. A group of academics involved in the final discussion of the document at the summit.

The initiative is designed to facilitate the comprehension of the real meaning of each term, to make different papers comparable, to improve training in CRRT techniques and enhance the usability of related equipment.

The NSI Alliance

Several CRRT machines are on the market, and new models will be presented in the next 12–24 months (fig. 3). The dream is that old and new machines will have the same modality of operations, the same color code for lines and connectors, the same terminology on the screen for selected parameters and alarms, the same abbreviations and the same data entry logic. This uniformed approach will contribute toward improving extracorporeal treatments in terms of safety and efficacy. We should also mention the enormous advantage that can be achieved by this initiative in terms of education and training of the new generation of physicians and nurses dedicated to this fascinating area of medicine.

Appendix

List of NSI Members Who Signed the Charta of Vicenza

Ronco C., Department of Nephrology Dialysis and Transplantation, IRRIV, St. Bortolo Hospital, Vicenza, Italy; Neri M., Department of Nephrology Dialysis and Transplantation, IRRIV, St. Bortolo Hospital, Vicenza, Italy; Villa G., Department of Health Science, Anaesthesiology and Intensive Care, University of Florence, Firenze, Italy; Garzotto F., Department of Nephrology Dialysis and Transplantation, IRRIV, St. Bortolo Hospital, Vicenza, Italy; Lorenzin A., Department of Nephrology Dialysis and Transplantation, IRRIV, St. Bortolo Hospital, Vicenza, Italy; Bagshaw S.M., Critical Care Medicine, University of Alberta, Edmonton, Canada; Balducci A., Estor Spa, Pero (Mich.), Italy; Baldwin I., Austin Health, Heidelberg, Australia; Barbarigo F., Ospedale S. Bortolo, Vicenza, Italy; Bellomo R., The University of Melbourne, Melbourne, Australia; Braganò P., Estor Spa, Pero (Mich.), Italy; Braunsky J., NxStage Medical Inc., Lawrence, Mass., USA; Calletti F., SINED srl, Cadriano di Granarolo, Bologna, Italy; Cerda J., Albany Medical College, Albany, N.Y., USA; Chawla L., George Washington University, Washington, D.C., USA; De Rosa S., St. Bortolo Hospital and IRRIV, Vicenza, Italy; Di Somma S., Università La Sapienza e Ospedale Sant'Andrea, Roma, Italy; Doi K., Critical Care Medicine, The University of Tokyo, Tokyo, Japan; Dosil Rosende P., Asahi Kasei Medical GmbH, Frankfurt, Germany;

Fig. 3. Machines for CRRT whose producers participated in the Vicenza summit of NSI.

Emmett M., Baylor University Medical Center, Dallas, Tex., USA; Fecondini L., Medica SpA, Medolla (Mo.), Italy; Galavotti D., Rand Srl, Medolla (Mo.), Italy; Gibney N., University of Alberta, Edmonton, Canada; Goldstein S.L., Cincinnati Children's Hospital, Cincinnati, Ohio, USA; Guadagni G., Spectral Medical Inc., Toronto, Ontario, Canada; Honoré P., ICU, UZ Brussel, VUB University, Brussels, Belgium; Hoste E., Ghent University Hospital, Ghent, Belgium; Inadome S., Asahi Kasei Medical GmbH, Frankfurt, Germany; Kashani K., Mayo Clinic, Rochester, Minn., USA; Katz N., Johns Hopkins University, Baltimore, Md., USA; Kellum J., Center for Critical Care Nephrology, Department of Critical Care Medicine, University of Pittsburgh, Pittsburgh, USA; Kenley R., Aethlon Medical Inc., Libertyville, Ill., USA; Kobayashi Y., Asahi Kasei Medical GmbH, Frankfurt, Germany; Lannoy J., Nikkiso, Langenhagen, Germany; Lewington A., St. James's University Hospital, Leeds, West Yorkshire, UK; Mariano F., Divisione Nefrologia Dialisi e Trapianto, Città della Salute e della Scienza, To-

rino, Italy; McCullough P.A., Baylor University Medical Center, Dallas, Tex., USA; Mehta R.L., University of California, San Diego, Calif, USA; Menneguerre J., B. Braun Medical AG, Crissier, Switzerland; Mettifofo M., Department of Nephrology Dialysis and Transplantation, St. Bortolo Hospital, Vicenza, Italy; Ostermann M., Department of Critical Care and Nephrology, Guy's and St. Thomas' Hospital, London, UK; Pani A., Nefrologia e Dialisi, Ospedale G. Brotzu, Cagliari, Italy; Pirazzoli P., Bellco, Mirandola (Mo.), Italy; Pohlmeier R., Fresenius Medical Care, Bad Homburg v.d.H., Germany; Pouchoulin D., Gambro Industrires, Meyzieu, France; Ricci Z., Ospedale Pediatrico Bambino Gesù, Roma, Italy; Rosner M., University of Virginia, Charlottesville, Va., USA; Seaman M., Internal Medicine III, Medical University of Vienna, Vienna, Austria; Shaw A., Vanderbilt University Medical Center, Nashville, Tenn., USA; Tolwani A., University of Alabama at Birmingham, Birmingham, Ala., USA; Wendon J., King's College Hospital, London, UK.

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