

## **ANTICOAGULATION ADVICE FOR RENAL REPLACEMENT 22/4/20**

Please follow the advice depending upon the RRT that your patient is utilising:

- **CITRATE CVVHDF (our normal practice)** – follow usual algorithm with ionised calcium.
- **CITRATE CVVHDF AND patient started on SYSTEMIC ANTICOAGULATION.**
  1. Leave on citrate filter – follow citrate algorithm to manage citrate/calcium.
  2. monitor APPT ratio and factor Xa levels for heparin (as per recent UHB guideline )
- **HEPARIN CVVHDF only** – run heparin systemically rather than through machine. Aim for systemic Xa levels 0.3 -0.7, this is to protect filter sets and reduce loss.
- **HEPARIN CVVHDF (systemic anticoagulation contraindicated )** – NEED specific bespoke plan – if fluid available would RECOMMEND change to CITRATE,  
If not able discuss Consultant.

(please remember start at 50kg weights to minimise fluid use and monitor clearance using daily creatinine).