# Quick look resource guide: Delivering CRRT during COVID -19 Pandemic

#### How to maximise CRRT kit during RRT

### Venous Access

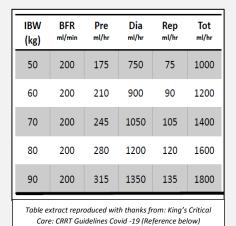
- 1. Use Right Internal Jugular, with tip close to right atrium.
- 2. Aspirate 20 millilitres (mls) blood over 6 seconds (equivalent of 200 ml/min blood flow (Qb)) to assure central venous access catheter capability. This should be done from BOTH red and blue ports. If unable to do this easily, unlikely to achieve sufficient blood flow troubleshoot access issues prior to commencing on CRRT machine. Remember *No flow No Go!*

## **CRRT Equipment**

1. Standard practice for priming set using Heparinised 0.9% Sodium Chloride

### **Treatment Regimen**

- 1. Utilise patient's Ideal Body Weight (IBW) to guide treatment
- 2. Aim for 20-25ml/kg/hr (See Table for example of settings for a total effluent dose 20mls/kg). Refer to local policy for prescribed settings.
- 3. Offset Pre & Post replacement to Dialysis (e.g. 30% reduction of pre and post and move that 30% to dialysis to maintain effluent dose) this may reduce TMP.



4. Have a high blood pump speed (200 ml/min plus) to improve filtration fraction and reduce risk of filter clotting.

### Anticoagulation

1. Refer to local guidance to ensure effective anticoagulation -CRRT in patients with Covid -19 has shown premature clotting of filter / sets.

### Effluent

1. No evidence contains Covid -19 (Virus too large to move through filter). Disposal as per normal practice

### Considerations

- 1. Change your bags quickly: remember if blood pump moving only NO treatment and No anticoagulation (citrate) is administered! *Always have an effluent bag ready to connect!*
- 2. TMP >200 mmHg is an indicator that a growing inefficiency of the membrane is occurring

Further guidance available at: <a href="https://renal.org/wp-content/uploads/2020/04/RRT-COVID-final.pdf">https://renal.org/wp-content/uploads/2020/04/RRT-COVID-final.pdf</a>