Exclusions:
- High bleeding risk
- Heparin allergy or HIT
- Platelet count < 70

Heparin for Haemofiltration FlowChart 1

Check platelets and APTTR
Prime circuit as usual with 5000 units UFH added to 1 litre 0.9% Saline

If APTTR already > 1.5 consider RCA or Epoprostenol as anticoagulants, or anticoagulant-free *

If APTTR ≤ 1.3 then start at point A
If APTTR > 1.3 but ≤ 1.5 then start at point B

** Please see the Renal Replacement Therapy Guideline for more information

A

starting APTTR ≤ 1.3

- Give 5000 units UFH into the circuit just before starting CVVH
- Prepare heparin infusion as 10,000 units in 20mL 0.9% saline
- Commence heparin infusion at 500 units/hr **
- Check APTT at 6 hours
- Follow FlowChart 2

B

starting APTTR > 1.3

- Prepare heparin infusion as 10,000 units in 20mL 0.9% saline
- Commence heparin infusion at 500 units/hr **
- Check APTT at 4 hours
- Follow FlowChart 2

** if patient recently on CVVH, use the dose which worked before
Exclusions:
- High bleeding risk
- Heparin allergy or HIT
- Platelet count < 70

Heparin for Haemofiltration Flowchart 2

Check APTTR

- APTTR > 1.5
  - Is Heparin already at 250 units/hr?
    - YES: Review Heparin requirement with medical staff and consider alternative/no anticoagulation
    - NO: Reduce Heparin by 250 units/hr. Repeat APTT after 4 hours

- APTTR 1.3 - 1.5
  - Continue at Same Rate. Repeat APTTR at 12 hours

- APTTR < 1.3
  - Is Heparin already at 1000 units/hr?
    - YES: Review Heparin requirement with medical staff. If persistent clotting then consider alternative vascular access
    - NO: Increase Heparin by 250 units/hr. Repeat APTT after 4 hours

If signs of bleeding then recheck clotting immediately and inform medical staff

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