

Exclusions:

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

Heparin

Heparin for Haemofiltration FlowChart 1

for use in Royal Sussex County Hospital & Princess Royal Hospital Critical Care Units

Check platelets and APTTR

Prime circuit as usual with Heparin 5000 units added to 1 litre Sodium Chloride 0.9%

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 Heparin 5000 units into the circuit just before starting CVVH
- Dilute one ampoule of Heparin 20,000 units in 20mL with 20mL of sodium chloride 0.9%
- This gives Heparin 20,000units in 40mL (500units/mL)
- Commence heparin infusion at 500units/hr (1mL/hr) into the circuit **
- Check APTT at 6 hours
- Follow FlowChart 2

B

starting APTTR > 1.3 but ≤ 1.5

- Dilute one ampoule of Heparin 20,000 units in 20mL with 20mL of sodium chloride 0.9%
- This gives Heparin 20,000units in 40mL (500units/mL)
- Commence heparin infusion at 500units/hr (1mL/hr) into the circuit**
- Check APTT at 4 hours
- Follow FlowChart 2

** if patient recently on CVVH, use the dose which worked before

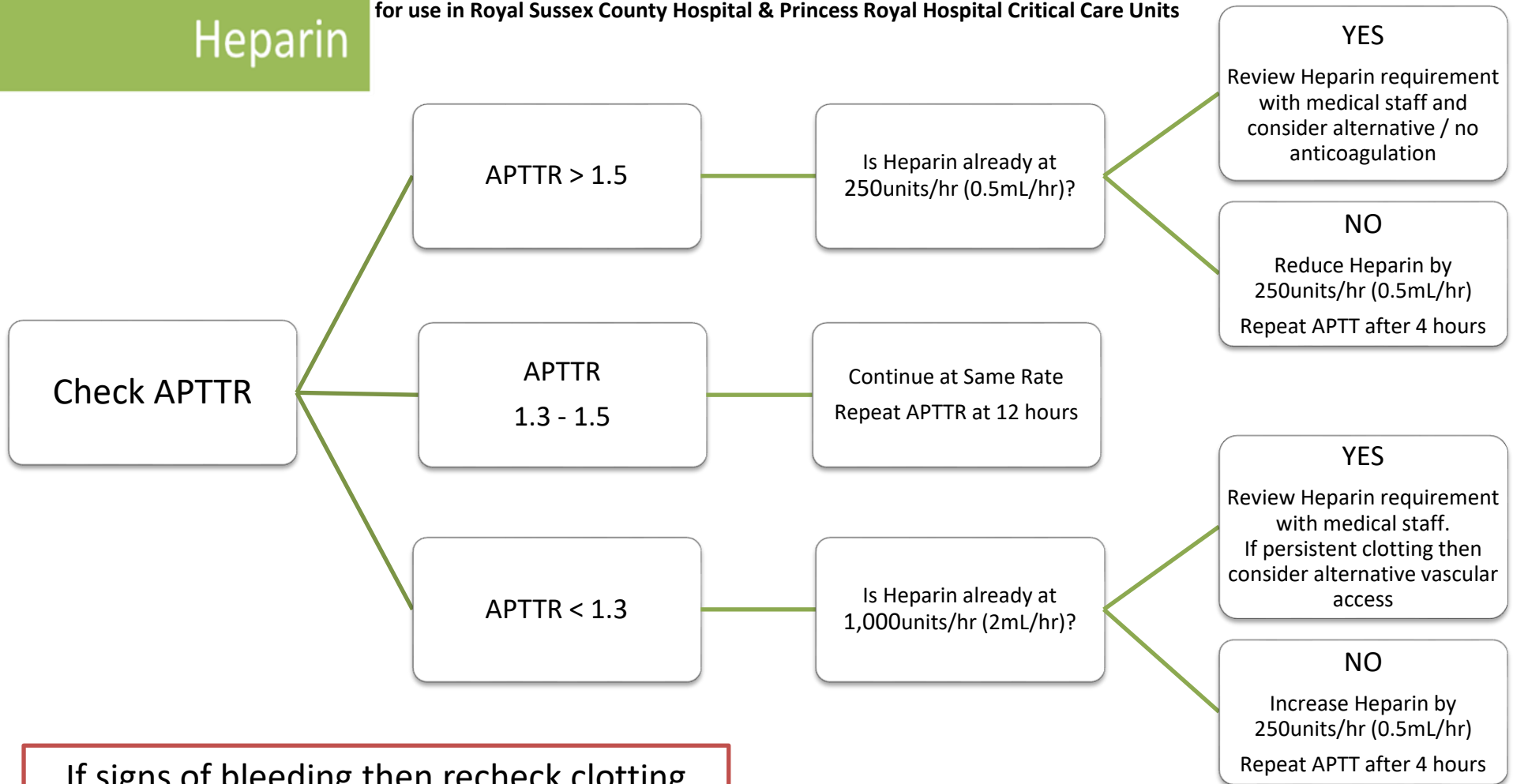
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If signs of bleeding then recheck clotting immediately and inform medical staff