Priming Optiflux® Dialyzers

Recommended Clinical Practices for Priming Single-Use High Flux Optiflux E Beam Dialyzers

IMPORTANT - This procedure card is for use with Optiflux F160NRe, F180NRe, F200NRe and F250NRe E Beam sterilized dialyzers only.

IMPORTANT - This is intended to be used as a quick reference guide. It is not intended to replace the Instructions for Use contained in the package insert, which has a complete description of hazards, contraindications, side effects and precautions. The operator should read and understand the instructions in the dialyzer package insert prior to use.

STEP 1

Place the dialyzer on the machine in the vertical position, arterial end down.

Install the arterial and venous bloodlines on the hemodialysis machine as directed in the machine and bloodline manufacturer's Instructions for Use.

RATIONALE

Positioning the dialyzer in this way will help to remove air from the dialyzer more efficiently during priming.

Proper installation of the bloodlines on the machine is critical to safe and efficient priming of the dialyzer.

STEP 2

Make sure the caps on the patient ends of the blood tubing are secure and placed in a container appropriate for collecting saline used for priming the dialyzer and extracorporeal circuit.

RATIONALE

Caps being securely in place help to maintain the sterility of the patient end of the blood tubing.

Saline used to prime the extracorporeal circuit will need to be collected in a container during the priming procedure.

STEP 3

Aseptically remove the blood port cap from the arterial end of the dialyzer and aseptically attach the dialyzer end of the arterial blood tubing to the arterial end of the dialyzer.

RATIONALE

Taking care to remove caps and attach tubing to the dialyzer helps to maintain the sterility of the connection.

STEP 4

Aseptically remove the blood port cap from the venous end of the dialyzer and aseptically attach the dialyzer end of the venous blood tubing to the venous end of the dialyzer.

RATIONALE

Taking care to remove caps and attach tubing to the dialyzer helps to maintain the sterility of the connection.

STEP 5

Aseptically spike a 1 liter bag of 0.9% saline solution with a clamped dialysis priming set.

RATIONALE

Taking care to use aseptic technique minimizes risk of contaminating this connection between the dialysis priming set and the saline bag.

STEP 6

If not already attached, using aseptic technique, attach the dialysis priming set to the saline "T" connection located just before the blood pump segment on the arterial bloodline.

RATIONALE

Some bloodlines have pre-attached dialysis priming sets, some do not..

STEP 7

Close the clamp on the monitor line and side arm tubing on the arterial drip chamber. The main line clamp on the arterial bloodline should be open.

Open the clamp on the dialysis priming set and saline "T" and allow the saline to gravity prime from the saline "T" to the patient end of the arterial bloodline.

Clamp main line clamp on arterial line.

RATIONALE

Closing the clamp on the monitor line and side arm line prevents saline from entering these ports during priming.

Opening the main line clamp on the arterial bloodline and the clamp on the dialysis priming set opens the path for priming this portion of the bloodline.

STEP 8

Turn the blood pump speed to 150 mL/min and prime the arterial blood line, dialyzer and venous blood line.

RATIONALE

Using a slow flow rate is more efficient in removing air from the dialyzer.

STEP 9

Pinch and release the arterial bloodline between the blood pump and the dialyzer intermittently as the dialyzer and extracorporeal circuit are filled.

Gently tap the dialyzer to help remove air from the dialyzer.

RATIONALE

Use of this pinch and tap technique helps to purge air out of the dialyzer.

STEP 10

Fill the dialyzer and bloodlines with 300 mL of saline solution. The drip chambers in the bloodlines should be set to and maintained at 3/4 full. Stop the pump, clamp the main line tubing clamps on the blood tubing and aseptically connect the patient ends of the blood tubing to prepare for recirculation.

RATIONALE

Maintaining aseptic technique will help to assure the sterility of the connection.

STEP 11

Attach the dialysate lines to the dialyzer. Invert the dialyzer, venous end down to prime the dialysate compartment. When the dialysate compartment is filled return dialyzer to arterial end down position.

Connect transducer protectors and monitor lines to pressure ports. Unclamp monitor lines.

RATIONALE

Priming the dialysate side with the venous end down facilitates removal of air from dialysate compartment..

STEP 12

Open the clamps on the main line blood tubing and start the blood pump. Set the pump speed at 300 to 400 mL/min and dialysate flow to 500 mL/min.

RATIONALE

Recirculating the extracorporeal circuit facilitates air removal from the dialyzer.

STEP 13

Continue to intermittently pinch the blood tubing between the blood pump and the dialyzer to remove any air that may be left in the dialyzer.

Tap the dialyzer lightly to facilitate air removal from the dialyzer.

RATIONALE

Recirculation with pinch and release of the arterial main line blood tubing and gentle tapping of the dialyzer facilitates air removal from the dialyzer.

STEP 14

Continue to recirculate the extracorporeal circuit until the patient is to begin their dialysis treatment. At that time the recirculated saline should be aseptically discarded and the system filled with fresh saline prior to making the patient connection.

Connect patient following your facility protocol.

RATIONALE

The volume of fresh saline to be used to fill the system is determined by the combined volume of the dialyzer and blood tubing set in use.

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RENAL TECHNOLOGIES

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Indications for Use: Optiflux F160NRe, F180NRe, F200NRe and F250NRe dialyzers are intended for patients with acute or chronic renal failure when conservative therapy is judged to be inadequate.

Caution: Federal (US) law restricts these devices to sale by or on order of a physician.

Note: Read the Instructions for Use for safe and proper use of these devices. For a complete description of hazards, contraindications, side effects and precautions, see full package labeling available at www.fmcna.com.

In rare cases, thrombocytopenia or hypersensitivity reactions including anaphylactic or anaphylactoid reactions to the dialyzer, or other elements in the extracorporeal circuit may occur during hemodialysis.