Discover how Crit-Line® can make a difference for incident patients

Get real-time, continuous measurements of hematocrit, percent change in relative blood volume, and oxygen saturation with the intended purpose of providing a more effective treatment.

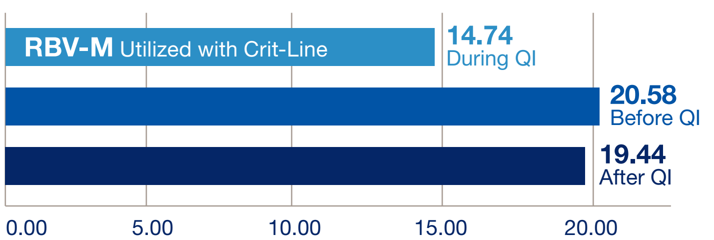
Crit-Line use has been shown to result in reduced hospitalizations of incident patients[2]

Incident patients, those in the first 90 days of receiving hemodialysis (HD), are at high risk of hospitalization and increased medical costs often due to fluid volume overload.[1] Individuals on chronic HD also experience high rates of mortality, especially within the first 90 days of dialysis.[2] Managing fluid correctly is crucial, but it's a challenge to accurately determine a patient's target weight without the right technology.

What's the solution?

Crit-Line technology helps clinicians monitor relative blood volume change in real time. This non-invasive monitor supplements clinical examination, allowing for real-time interventions.

Average hospital days[2]



Hospital Days Before, During, and After the Quality Improvement Programs. The average difference in hospital days between the pre- & post-QI periods and the period when RBV-M was in place was 5.3 days, which equates to 2.5 fewer missed in-center HD treatments.

Crit-Line helps support patient health

Fewer hospitalization days: In a quality initiative (QI), incident patients on Crit-Line were shown to have approximately five fewer hospitalization days compared to incident patients not on Crit-Line. This reduction in hospitalization was compared to pre- and post-QI periods.[2]

Improved fluid management: Relative blood volume monitoring (RBV-M) with Crit-Line has been linked to reduced intradialytic symptoms and better post-dialysis blood pressure control.[5]

Accurate target weight: Crit-Line may help clinicians establish an accurate target weight — something that's difficult to determine for incident patients.[6]

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Crit-Line use improves the bottom line too

Increased Medicare reimbursement: Medicare offers higher reimbursement rates for dialysis patients during their first 120 days of treatment.[3,4]

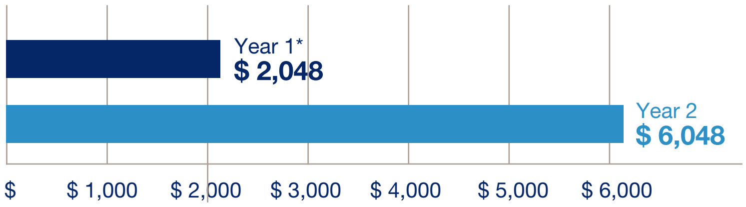
Increased dialysis center revenue: Reducing approximately five hospitalization days increases treatment capacity, with up to 2.5 additional in-center HD treatments per incident patient annually.[1]

Potential savings: The reduced hospitalizations could result in economic savings for Medicare and other healthcare providers.[1]

Take action today

Crit-Line is here to support you in providing better care to your patients and reducing hospital admissions. If you haven't integrated Crit-Line into your incident patient care routine, now is the time to make a change.

Estimated revenue gains associated with RBV-M[1]



*Year 1 includes purchase of two monitors

Contact us:

Visit **CritLineResources.com** or scan the QR code to get started.

References: 1. Rosen MM, Li Y, Ficociello L, Balter P, Mullon C, Kossmann RJ, Singer GG. (2018, October 23-28). Estimated revenue gains associated with relative blood volume monitoring (RBV-M) in hemodialysis clinics: An economic model using real-world data. [Poster Session]. American Society of Nephrology Annual Symposium, San Diego, CA, United States. **2.** Balter P, Rao PS, Li Y, Mullin C, Kossmann RJ, Ficociello L. (2018, October 23-28). Lower rates of hospitalizations during a fluid management quality improvement (QI) project utilizing relative blood volume monitoring (RBV-M). A retrospective database analysis. [Poster Session]. American Society of Nephrology Annual Symposium, San Diego, CA, United States. **3.** Calendar Year (CY) 2016 Eligibility Changes to the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) Low-Volume Payment Adjustment (LVPA); 2016. **4.** 42 CFR Parts 413 and 512 Medicare Program; End-Stage Renal Disease Prospective Payment System, Payment for Renal Dialysis Services Furnished to Individuals with Acute Kidney Injury, End-Stage Renal Disease Quality Incentive Program, and End-Stage Renal Disease Treatment Choices Model; 2023. **5:** Balter P, Ficociello LH, Taylor PB, et al. A year-long quality improvement project on fluid management using blood volume monitoring during hemodialysis. Curr Med Res Opin 2015;31(7):1323-1331; **6:** Hussein W, Arramreddy R, et al. Blood Volume Monitoring to Assist Fluid Management in Hemodialysis Patients. AM J Kidney Dis. 2016;67(1): 165-168

Indications for Use:

2008T BlueStar™ Hemodialysis Machine: The 2008T BlueStar Hemodialysis Machine is indicated for acute and chronic dialysis therapy in a healthcare facility.

Additional therapy options for patients receiving hemodialysis include: Isolated Ultrafiltration, Sustained Low Efficiency Dialysis (SLED), and low volume hemodialysis (patients weighing ≥20 kg and ≤40 kg). This machine accommodates the use of both low and high flux dialyzers. The SLED therapy option is not to be used for patients weighing ≤40 kg. The 2008T BlueStar Hemodialysis Machine is not to be used for plasma replacement therapies for patients weighing less than 20 kg, or for renal therapies using substitution fluid.

bi*bag*® system (Optional): The bi*bag* system is used with three stream proportioning hemodialysis systems equipped with the bi*bag* module such as the 2008T BlueStar Hemodialysis Machine, and is intended for use in bicarbonate hemodialysis for acute and chronic renal failure. The bi*bag* is intended for extracorporeal bicarbonate hemodialysis according to a physician's prescription.

Crit-Line® Clip Monitor (CLiC™) (Optional): The Crit-Line Clip Monitor is used with the 2008T BlueStar Hemodialysis Machine to non-invasively measure hematocrit, oxygen saturation, and percent change in blood volume.

The CLiC device measures hematocrit, percent change in blood volume, and oxygen saturation in real time for application in the treatment of dialysis patients with the intended purpose of providing a more effective treatment for both the dialysis patient and the clinician. Based on the data that the monitor provides, the clinician/nurse, under physician direction, intervenes (i.e., increases or decreases the rate at which fluid is removed from the blood) in order to remove the maximum amount of fluid from the dialysis patient without the patient experiencing the common complications of dialysis, which include nausea, cramping, and vomiting.

Caution: Federal (U.S.) law restricts this device to sale only by or on the order of a physician. Frequency, duration, and parameters of treatment are to be determined by the prescribing 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 at FreseniusMedicalCare.com.

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