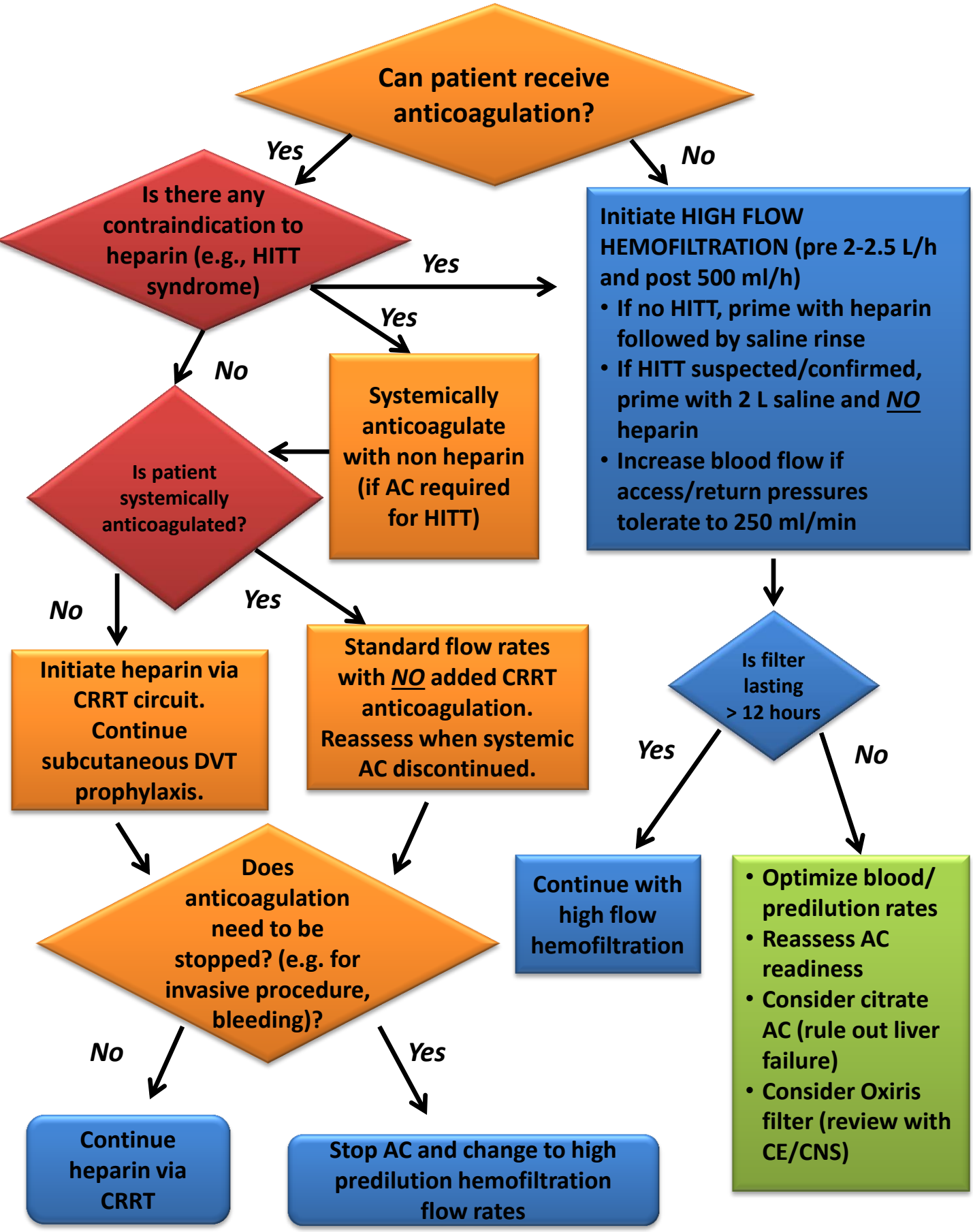
Can patient receive anticoagulation?
Yes
No
Is there any contraindication to heparin (e.g., HITT syndrome)
Yes
Yes
No
Systemically anticoagulate with non heparin (if AC required for HITT)
Is patient systemically anticoagulated?
No
Yes
Initiate heparin via CRRT circuit. Continue subcutaneous DVT prophylaxis.
Standard flow rates with NO added CRRT anticoagulation. Reassess when systemic AC discontinued.
Does anticoagulation need to be stopped? (e.g. for invasive procedure, bleeding)?
No
Yes
Continue heparin via CRRT
Stop AC and change to high predilution hemofiltration flow rates
Initiate HIGH FLOW HEMOFILTRATION (pre 2-2.5 L/h and post 500 ml/h)
• If no HITT, prime with heparin followed by saline rinse
• If HITT suspected/confirmed, prime with 2 L saline and NO heparin
• Increase blood flow if access/return pressures tolerate to 250 ml/min
Is filter lasting > 12 hours
Yes
No
Continue with high flow hemofiltration
• Optimize blood/ predilution rates
• Reassess AC readiness
• Consider citrate AC (rule out liver failure)
• Consider Oxiris filter (review with CE/CNS)