

Dialyzing Wisely – Care Pathway Resource



RENAL REPLACEMENT THERAPY (RRT) ACCESS

September 2023

Purpose

This resource is for clinicians in intensive care units. It expands on the optimize acute dialysis section of the pathways available at the QR code and link below.

Vascular access can optimize RRT with appropriate catheter placement and troubleshooting.

Recommendations

Based on KDIGO recommendations 5.4.1 and 5.4.2

- Optimal Insertion Vein and length:
 1. Right internal jugular vein (12-15 cm)
 2. Femoral vein (19-24 cm)
 3. Left internal jugular vein (15-20 cm)
 4. Subclavian with preference to dominant side
- Optimal dialysis catheter:
Uncuffed, non-tunneled.

Use the link or scan on the QR code on page one for the Dialyzing Wisely References & Resources file, which includes KDIGO Clinical Practice Guideline for Acute Kidney Injury, *Kidney Int*, 2 (2012).

Troubleshoot access issues

- Is the line intact? Clamped? Kinked?
- Tighten connections
- Adjust catheter position
- Adjust patient position
- Flush lumens. Can you reverse the lines?
- Is the blood flow rate too high? Too low?
- Is the dialysis catheter size and location optimal?
- Does the catheter need to be rewired or replaced?

RRT access goals

- Improve blood flow
- Extend filter life
- Minimize alarms

[References
& Resources](#)



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