

Dialyzing Wisely – Care Pathway Resource



RENAL REPLACEMENT THERAPY (RRT) ANTICOAGULATION

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.

Anticoagulation is recommended for patients without an increased bleeding risk or impaired coagulation and not receiving systemic anticoagulation.

Recommendations

Based on KDIGO recommendations 5.3.1 and 5.3.2

- Continuous Renal Replacement Therapy (CRRT):
 - Citrate
 - Unfractionated heparin, if contraindications to citrate:
 - Absolute contraindications: allergy or neonates
 - Relative contraindication: impaired liver function
- Intermittent Renal Replacement Therapy (IRRT):
 - Either unfractionated or low-molecular-weight heparin.

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).

RRT Anticoagulation goals

- Clot prevention
- Prevent blood loss from clotted filters
- Extend filter life

[References
& Resources](#)



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