

Aquapheresis™ Prescription

Goals of therapy

Fluid reduction (decongestion), symptom relief and the attainment of euvolemia (dry weight).

Patient selection considerations

Aquapheresis prescription is primarily based on the following patient criteria:

- **Signs and symptoms of fluid overload**
> 10 lbs over dry weight, dyspnea, edema
- **Inadequate diuretic/natriuretic response**
Net urine output < 125 cc/hour or 1,500 cc in 12 hours
Requires high daily diuretic doses

Exclusion of patients

Impaired renal function

- Serum creatinine > 3.0 mg/dL or;
- Creatinine tolerance < 30 mL/min

Venous access catheters

The following catheters are commonly used:

- CHF 6Fr. Peripheral dual lumen ELC
- 7-8 Fr. Central dual lumen (use if arm circumference is > 36.5 cm)

Refer to the Aquadex FlexFlow User's Guide for complete catheter compatibility information.

Anticoagulation

Follow standard heparin protocols (bolus or continuous) to achieve a minimum of two times normal levels (e.g., PTT 80-100).

Patients on Coumadin are usually not given the initial bolus, but are given levels following standard continuous infusion guidelines. If heparin is contraindicated, Argatroban may be used. Low molecular weight heparin is not recommended.

Removal rate

- The maximum removal rate is 500 ml per hour.
- The fluid removal goal should be calculated at approximately 80 percent of dry weight.

Patients in volume sensitive states – such as right heart failure, pulmonary distress, hepatic disease or cardiogenic shock—usually require lower than average rates (50-150 ml/hour). Monitor patients for clinical signs of hypovolemia and hypotension as appropriate.

Duration

The average treatment time is approximately 24 hours.

Diuretic holiday

- Hold diuretics (and consider K⁺ supplements) during Aquapheresis™ therapy.
- Many patients will tolerate a 30 percent reduction in diuretic dose after therapy.

For more information, contact the Mercy Heart Failure Clinic at (515) 643-2775.

