

CLEARANCE

CRRT medical troubleshooting guide
FHFT, CRRT Guideline Version 5.0

$$\text{Clearance} = \text{Renal dose} = \text{Dialysate rate}$$

Conventional CVVHD

NORMAL CLEARANCE
(25mL/kg/hr)

Calculate as per
Ideal Body Weight
(IBW)

HIGH CLEARANCE
(35mL/kg/hr)

Recommended in hyperkalemia
($K^+ \geq 6.5\text{mmol/L}$), severe
metabolic acidosis and poisoning
(ethylene glycol)

Calculate as per IBW

VERY HIGH CLEARANCE
($>35\text{mL/kg/hr}$)

Calculate as per IBW
Max: 4800mL/hr

Citrate-Calcium (CiCa) CVVHD

Standard Flow Rates(25mL/kg/hr)

Ideal Body Weight	<60kg	60 – 80kg	>80kg
Dialysis Flow Rate	1600 mL/h	2000 mL/h	2400 mL/h
Blood Flow Rate	80 mL/min	100 mL/min	120 mL/min

Standard Flow rates (35mL/kg/hr)

Ideal Body Weight	<60kg	60 – 80kg	>80kg
Dialysis Flow Rate	2000 mL/h	2600 mL/h	3200 mL/h
Blood Flow Rate	100 mL/min	130 mL/min	160 mL/min

Calculate as per IBW. Adjust Blood Flow rate to
keep 20:1 ratio between the Dialysis and Blood
Flow rate (see CVVHD Guideline).
Maximum dose is 4000mL/hr

High clearance should only be delivered for as long as it is clinically indicated/required. Always treat underlying cause of metabolic acidosis and hyperkalaemia parallel with CRRT. If CiCa CVVHD is used and severe acidosis persists, consider citrate accumulation as a cause (see Citrate accumulation).