



TO: Active and Courtesy Medical Staff

FROM: Rex Ochi, MD, Medical Director, Hospital Services
Brian Loepky, RN, Clinical Director, Hospital Services
John Stivelman, MD, CMO

RE: Criteria for use of citrated "A" bath in the in-patient setting

DATE: April 29, 2009

You have recently received a memo indicating the unavailability of trisodium citrate regional anticoagulation for hemodialysis as of May 1, and that citrated "A" bath (Citrasate™) is now available for hemodialysis in specific clinical settings. We wish to clarify the criteria for this compound's *in-patient* use, as well as these settings.

This dialysate is available only for patients in whom:

- (a) any form of heparin administration is contraindicated, and
- (b) for whom saline flushes as substitute therapy has been ineffective

In the vast majority of patients, this will be to address heparin-induced thrombocytopenia (HIT).

Other clinical settings in which heparin administration is contraindicated, saline has been ineffective, and citrated "A" bath may be employed include:

1. inpatient ocular surgery with high post-operative bleeding risk
2. thoracic surgery with ongoing postoperative bleeding
3. intracerebral hemorrhagic catastrophe or post-neurosurgical intracranial bleeding
4. pericarditis with or without tamponade physiology

Should you have any questions this regard, please do not hesitate to speak with Dr. Rex Ochi, Brian Loepky, RN, or Dr. John Stivelman.

Cc Joyce Jackson, Connie Anderson, NKC Hospital Services Nursing Staff, participating hospitals' pharmacies, Mary McHugh