Pre-pump arterial pressure = what is going on with the patient's access.
Post-pump arterial pressure = what is going on inside the dialyzer.

Remember: Trends may be more important than actual figures!

Why is PBE an important tool?

From the patient's perspective:
Monitoring the PBE can help avoid clotted dialyzers, which will help in avoiding blood loss.

From the nurse's perspective:
• Nursing staff can avoid the time lost in having to change out the dialyzer and lines when clotting occurs.
• Minimizing clotting episodes helps in anemia management.

From the administrator's perspective:
• Cost of nurse's time to change out a clotted system.
• Cost of second set-up of lines and dialyzer.
• Poor reuse numbers = more dialyzers used per patient.

Typical Uses for PBE

There are four groups of patients who could benefit from PBE monitoring:
• Patients who are not on heparin.
• Patients with poor reuse numbers.
• Patients with a history of clotting dialyzers.
• New patients for whom heparin needs have not been determined.
The PBE pressure has increased rapidly during the first quarter of the therapy and continues to increase. The heparin protocol should be evaluated in an effort to keep the PBE pressure more constant.

The PBE pressure is increasing consistently throughout the therapy. The initial heparinization may be adequate but the heparin protocol should be evaluated for the remainder of the treatment.

The sudden pressure spike indicates accelerated clotting which, if caught right away, can usually be reversed by flushing the dialyzer and lines with saline.

Interpreting Typical PBE Graphs

A slight increase in pressure (PBE) indicates that fiber volume is constant and that clotting is minimal.