

Adimea™ Accurate Dialysis Measurement Users Guide



To activate Adimea, go to  and select the Kt/V icon , and refer to Figure 1 below.

1. Select the dose measurement you would like to use. With Adimea, it is possible to monitor URR, Single Pool (spKt/V) as well as Equilibrated (eKt/V). Single Pool is most commonly used.
2. Enter the Patient Weight (pre-dialysis) and the Target Kt/V, if different from the default setting.

Setting the Adimea Target Kt/V

While there is excellent correlation between the Adimea Kt/V and blood Kt/V, the following considerations need to be understood when setting the Adimea Target Kt/V.

- For the initial setting review the last two month's blood Kt/V results and set the Adimea Target Kt/V to 0.2 higher than the blood Kt/V trend.
- During subsequent treatments, observe the Adimea Kt/V trend on the therapy card. Set the target Kt/V to the average value to ensure that the warning will be triggered if the average is not maintained.

Target Kt/V Will Not be Reached Warning

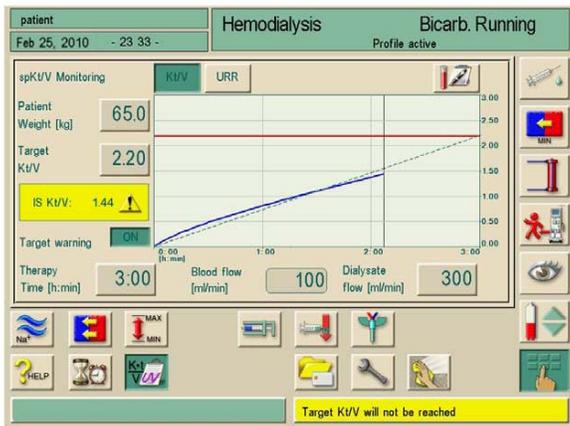


Figure 1

During the treatment, the only alarm associated with Adimea is “Target Kt/V will not be reached”. This alarm will be accompanied by yellow indicator lights. If the Target Kt/V cannot be achieved, and the alarm sounds, the user should carry out the following checks to be sure there is not a specific issue with this treatment.

Note: While performing the checks, the user has the option of touching the “Target warning” icon to turn off the alarm.

1. Confirm that the patient's prescription is set properly. Confirm that the treatment time, dialysate flow rate and blood flow rate are all set to the prescribed values.
2. Check the patient's access for adequate cannulation. Be sure the arterial and venous pressures are consistent with the values from previous treatments. If the arterial pressure is very negative, check the access and consider reducing the blood flow rate to increase the effective flow.
3. Check to be sure that the dialyzer is not clotting. This may also be indicated by a flattening of the Adimea curve.

If none of the above checks resolve the problem, then a change to the treatment settings may be indicated. The three machine parameters that most often compensate for inadequate clearance are blood flow rate, dialysate flow rate and treatment time. These parameters can be controlled directly from the Adimea screen. Changes to these parameters may require a Physician's Order or may be described by unit protocol. Protocols may be set in place to allow parameter changes by appointed staff. Blood flow and dialysate rates may be changed to accomplish the target Kt/V for each treatment. Changing the dialyzer size should also be considered for future treatments.

Evaluating Adimea Results

Adimea™ Kt/V or URR is continuously measured throughout each treatment. The result from each treatment is then stored on the Patient Card along with other pertinent data from each treatment. The table below is an example of the Adimea results from the patient card.

Kt/V-Table

Kt/V		URR					
Smith		Preparation		Acknowledge data!			
Sep 17, 2008 - 13 00 -							
Therapy Date and time	Target Kt/V	Patient Weight (kg)	Actual Therapy time	Average Blood flow	Average Dialysate flow	Act. URR (%)	Act KI/V
17.09.2008 9:00	1.40	72.0	04:04	400	700	77	1.45
15.09.2008 9:00	1.40	72.4	04:00	400	700	80	1.43
13.09.2008 9:02	1.40	72.8	04:03	400	720	79	1.48

Trends can be detected at an early stage. Required changes to treatment parameters can be made at any time during the treatment. Other considerations include fistula needle size, treatment time and dialyzer size. When the Kt/V trends downward but all treatment parameters remain unchanged, access issues should be considered. Recirculation studies may be called for.

By observing the Kt/V trends, changes can be made in a timely manner to avoid unacceptable lab outcomes. The data collected from the patient cards can be used as a tool for continuous quality improvement initiatives.

Adimea results can be adversely influenced by treatment interruptions such as recirculating blood during fistula needle adjustment or allowing the patient to leave treatment for the bathroom. To avoid this influence, place the Dialog® in bypass during recirculation.

Patient pre-weight is restricted to 200kg. If your patient exceeds this weight, enter 200. It will not affect the results. UF profiles do not affect the Kt/V final results. There will be no Adimea results with Sequential or UF only treatments.

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This information presented in this guide is not intended to replace the Instructions for Use for the Dialog® hemodialysis system, and/or an institution's policies and procedures. Before using the Dialog® hemodialysis system, Users should read and be familiar with the complete Instructions for Use and the institution's policies and procedures.