

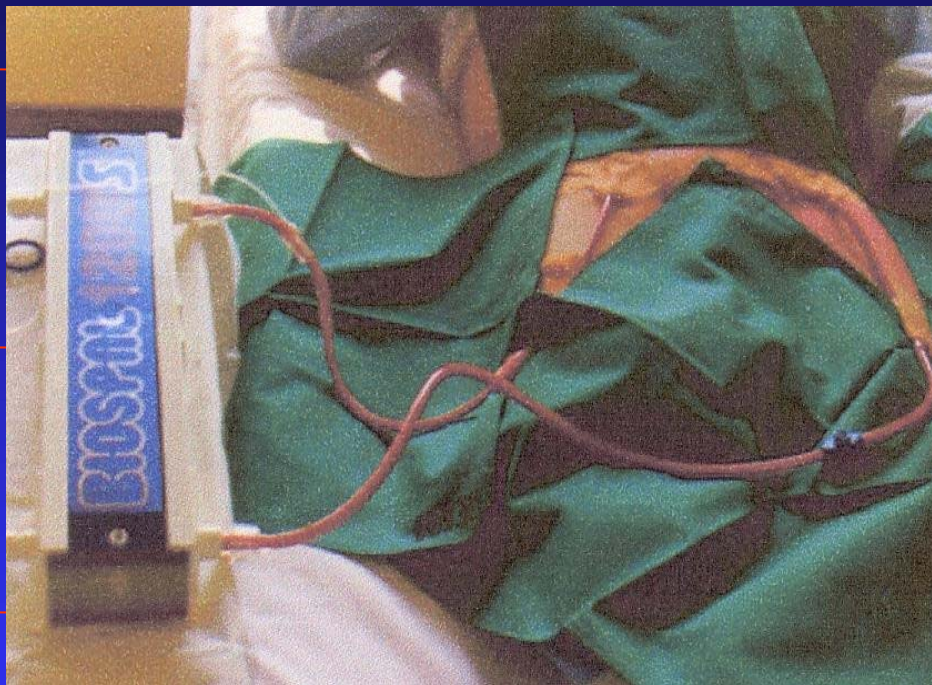


Gestion des Debits, Pre-vs Post-Dilution Implementation des 35 ml/kg/h

1.-Pq Formation-
Education en
CRRT ?

2.-Debit Sang
Eleve-Pq?

3.- Pre ou Post ?
En Tandem ?



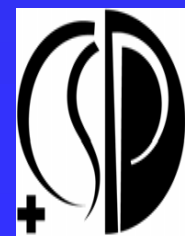
4.- Implemenation
des 35 ml/kg/h..

5.- Aspects
Pratiques..

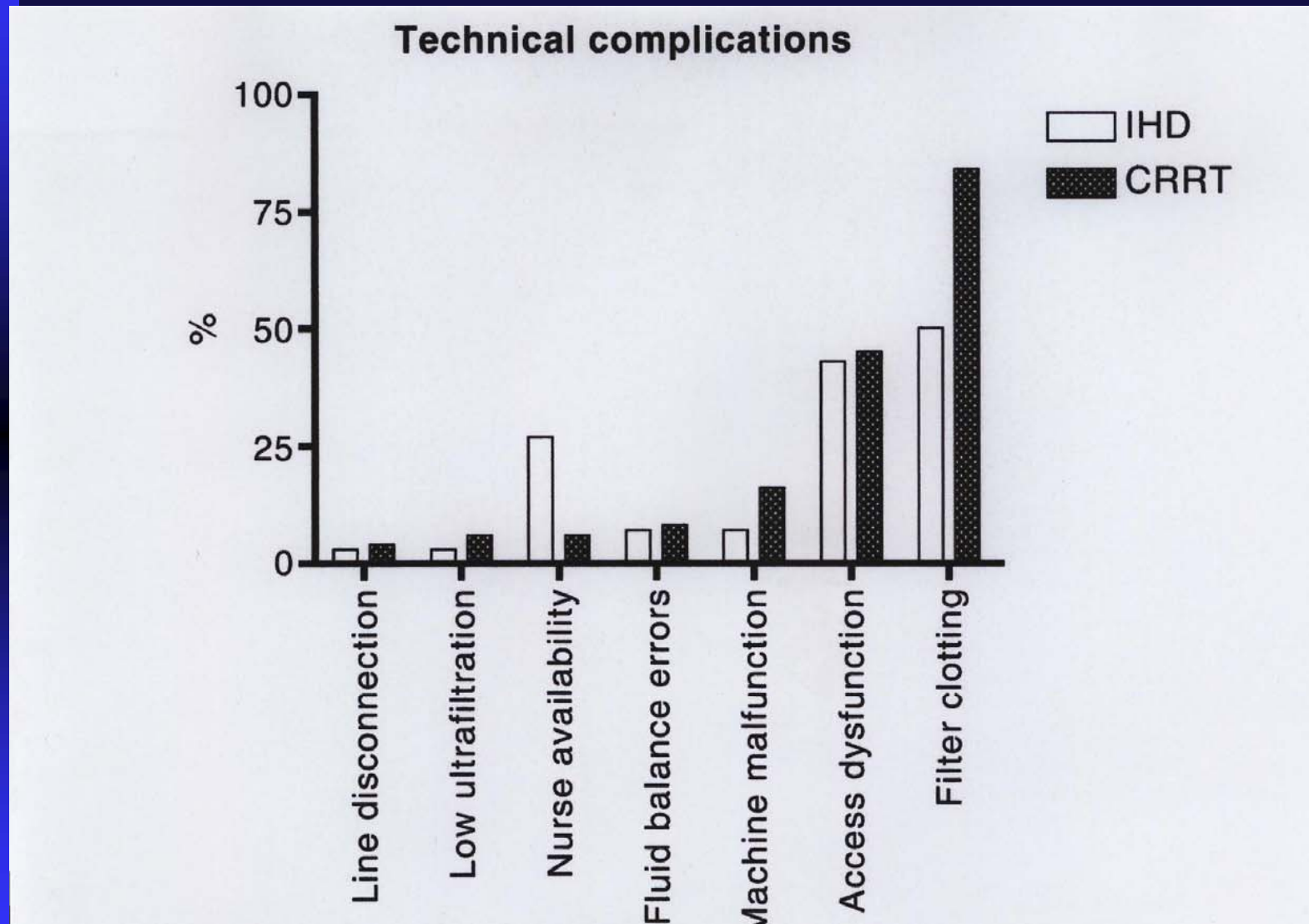
6.- Conclusions et
Perspectives...

Dr P.M. Honoré, Soins Intensifs

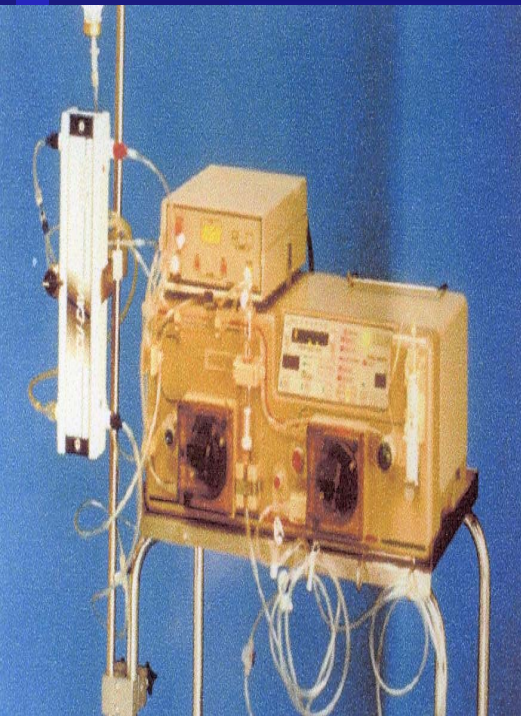
Clinique-Saint-Pierre Ottignies-LLN
Module de Formation SIZ-7 et 14 Juin 2007
Auditoire Jaumotte, Hopital Academique Erasme



1) Pq un Module d'éducation ?



1) Pq un Module d'Education ?



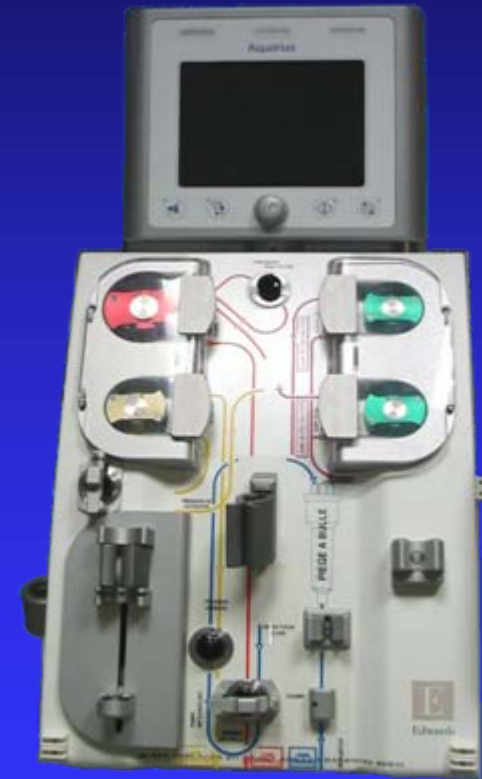
1991- BSM 22



1992- BM 25

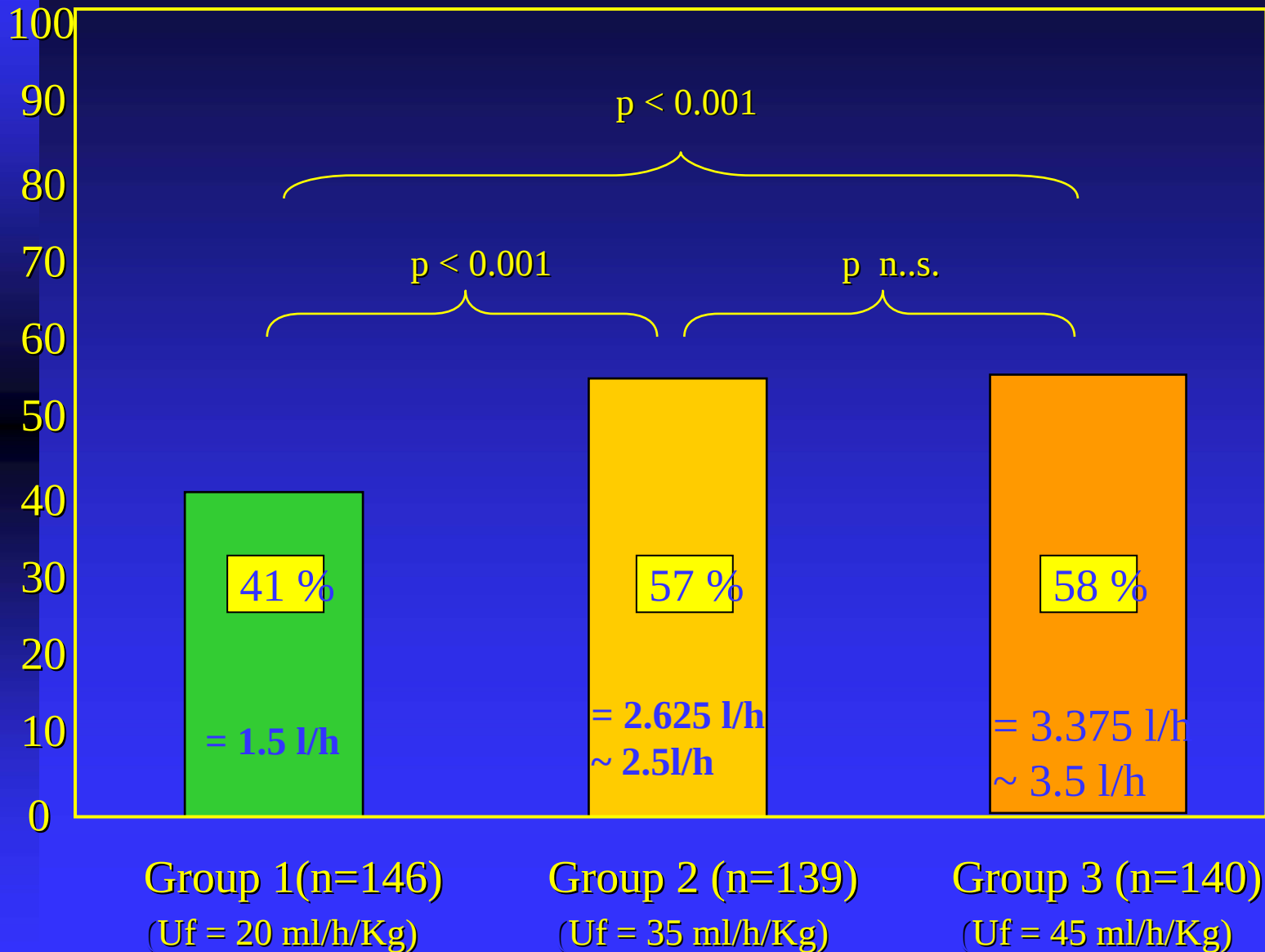


1994- Prisma



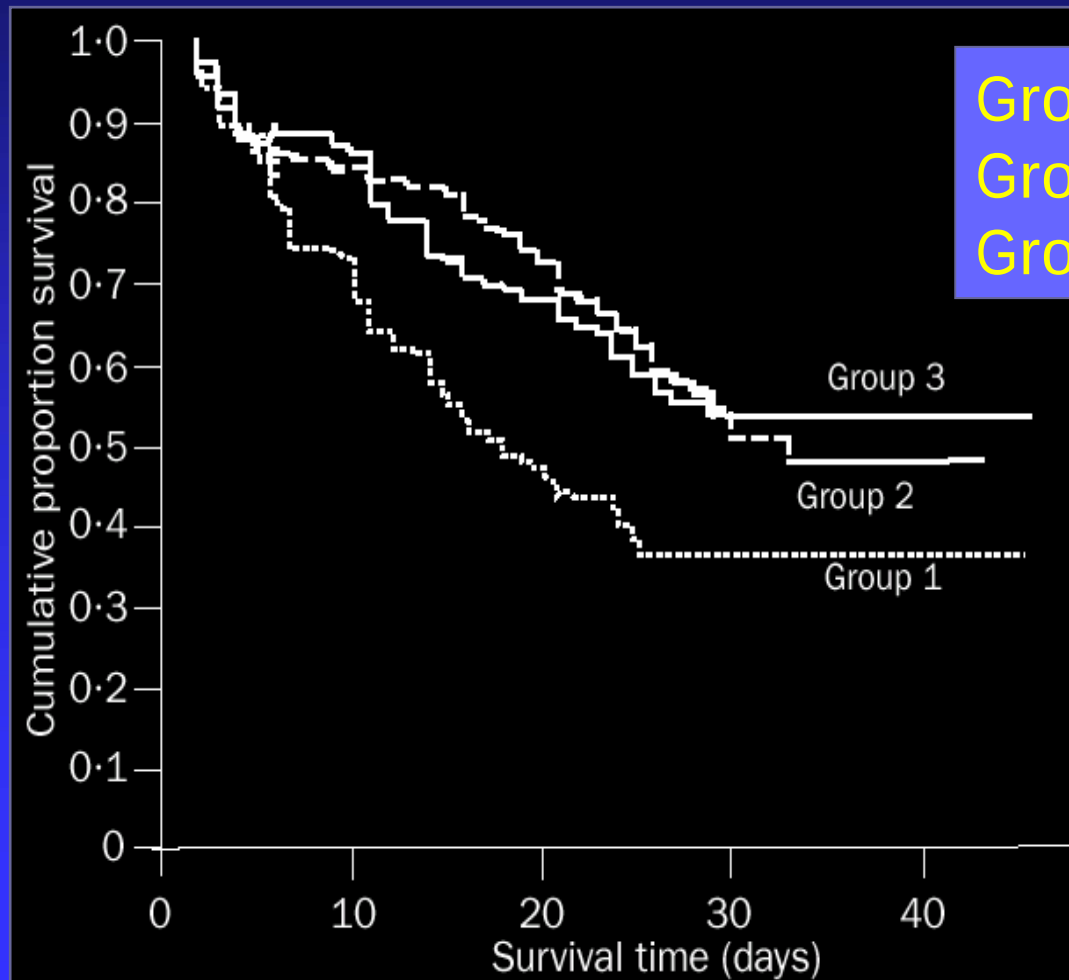
2002- Aquarius

2) Pq un Debit Sang Eleve ?



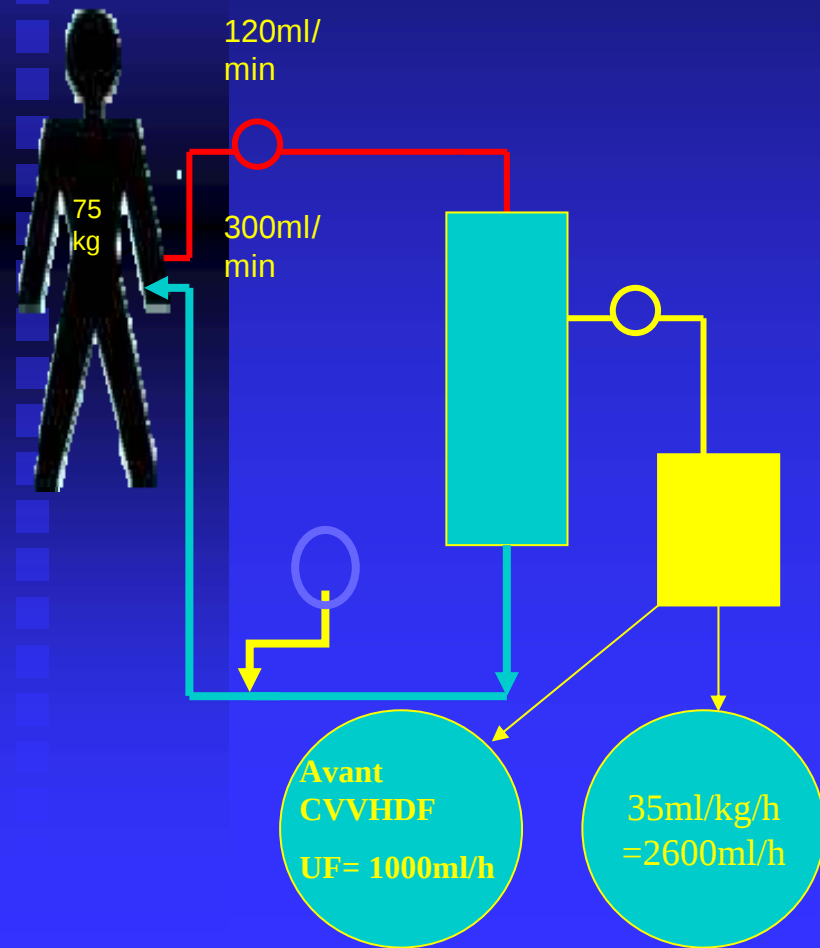
2) Pq un Debit Sang Eleve ?

■ Ronco C. *et al.* Lancet 2000, **356**:26-30



Group 3 = 45 ml/h.kg
Group 2 = 35 ml/h.kg
Group 1 = 20 ml/h.kg

2) Pq un Debit Sang Eleve ?



- $Q_{Sg} \nearrow 300\text{ml/min}$ pour fraction filtration $< 25\%$
- $FF = \frac{Q \cdot UF}{Q_{Sg}}$
- Si $Q_{Sg} = 120\text{ ml/min}$
 $\Rightarrow \frac{2600\text{ml}}{7200\text{ml}} = 36\%$
- Si Q_{Sg} à 300ml/min
 $\Rightarrow \frac{2600\text{ml}}{18000\text{ml}} = 14.5\%$

2) Pq un Debit Sang Eleve ?

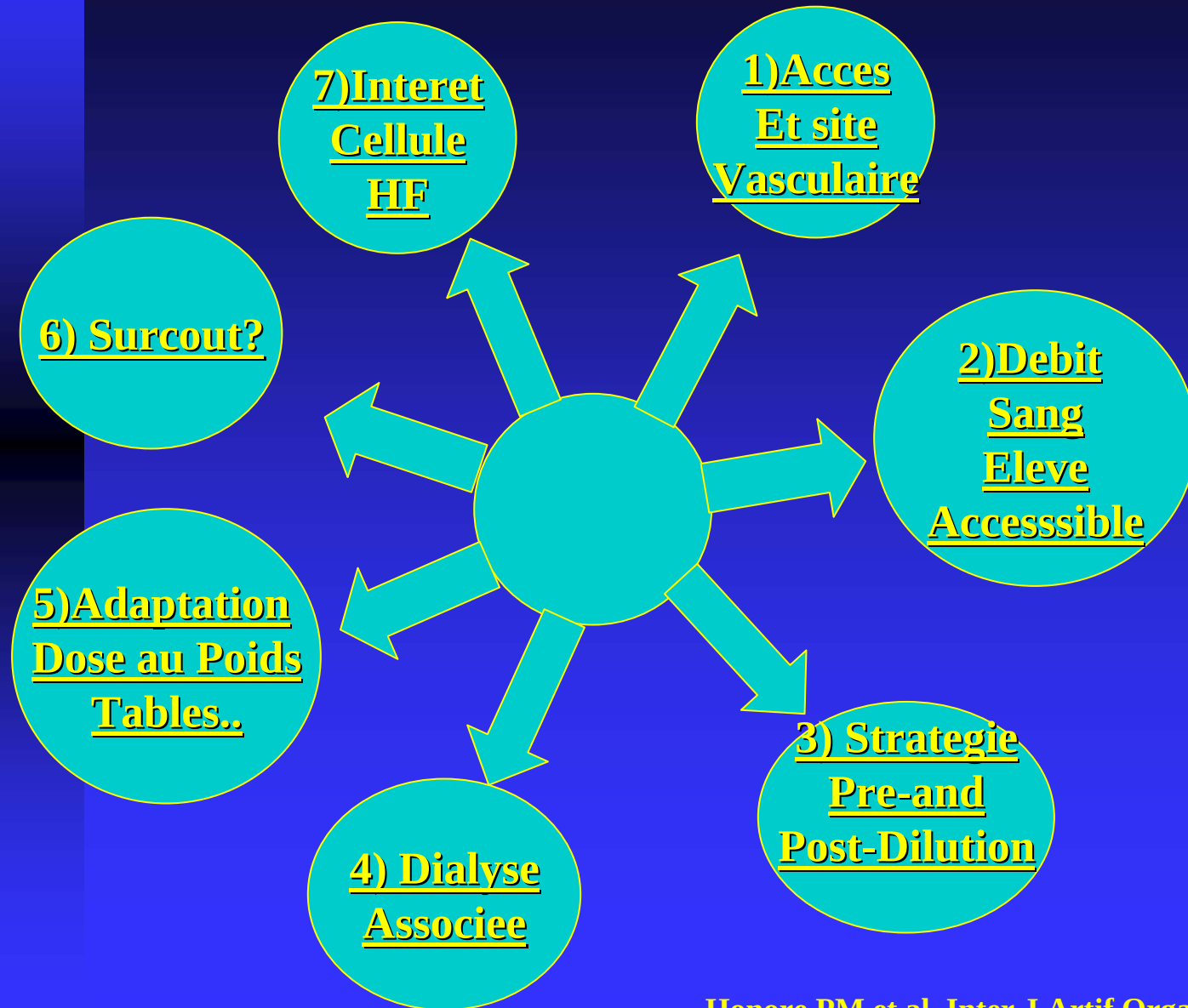
Poids	Dose T 35ml/kg	Pré-Dilution 1/3dose T	Post-Dilution 2/3 dose T
50	1800	600	1200
55	1900	600	1300
60	2100	700	1400
65	2300	800	1500
70	2400	800	1600
75	2600	900	1700
80	2700	900	1800
85	3000	1000	2000
90	3200	1100	2100
95	3300	1100	2200
100	3500	1200	2300
105	3700	1200	2500
110	3900	1300	2600
115	4000	1300	2700
120	4200	1400	2800

FF.13%

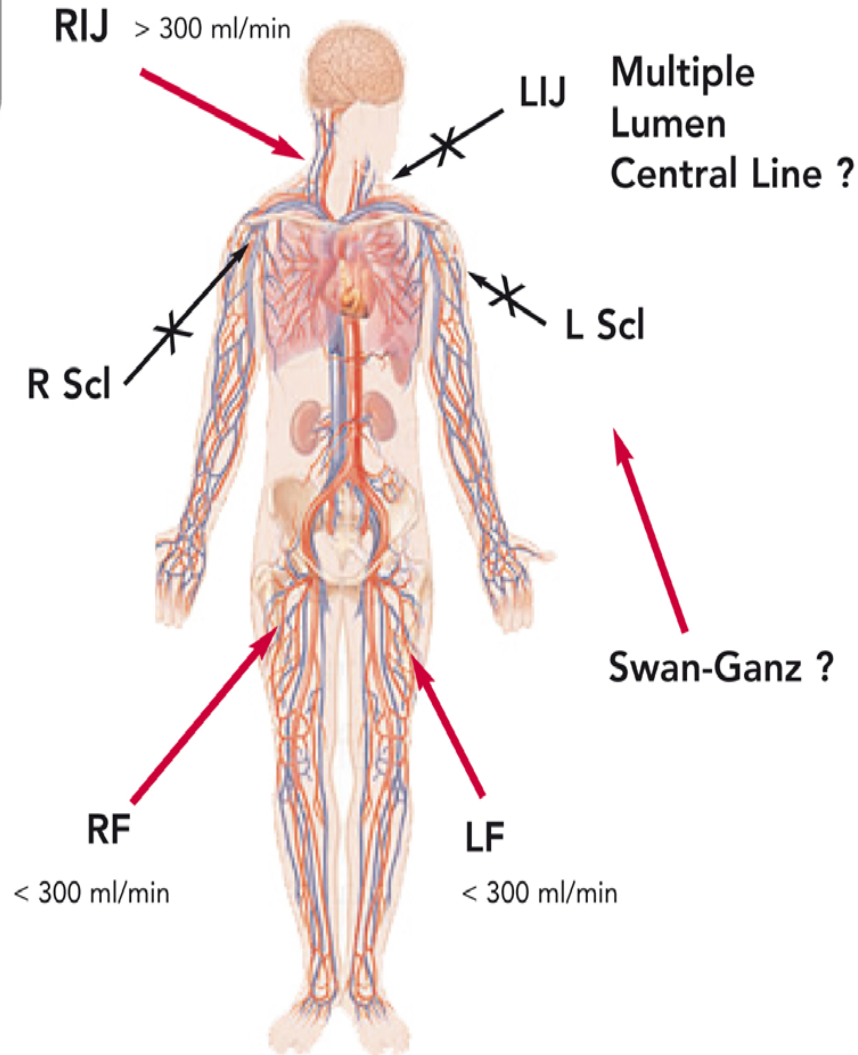
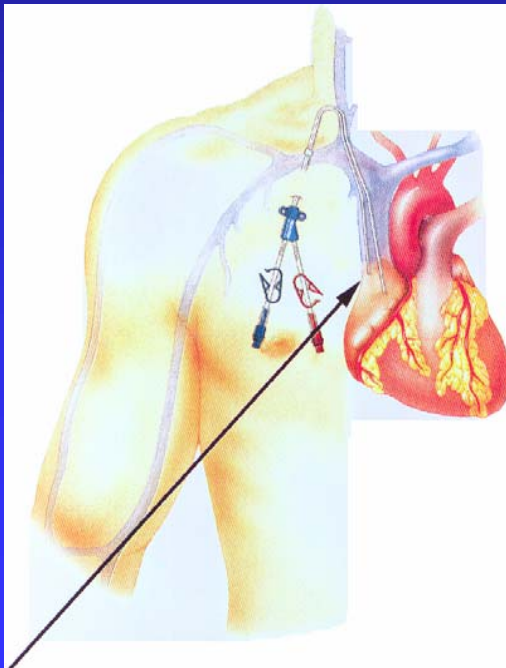
FF.17%

FF.23%

2) Co ? Obt un Debit UFet Sang Eleve ?

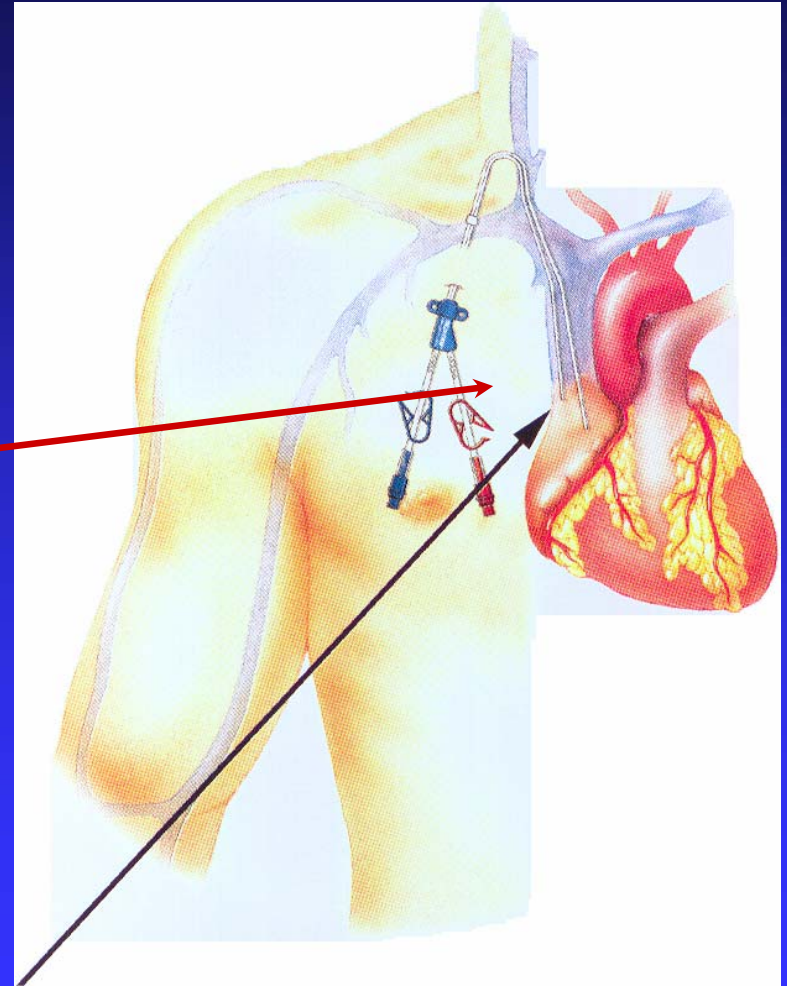


2) Co ? Obt un Debit Sang Eleve ?

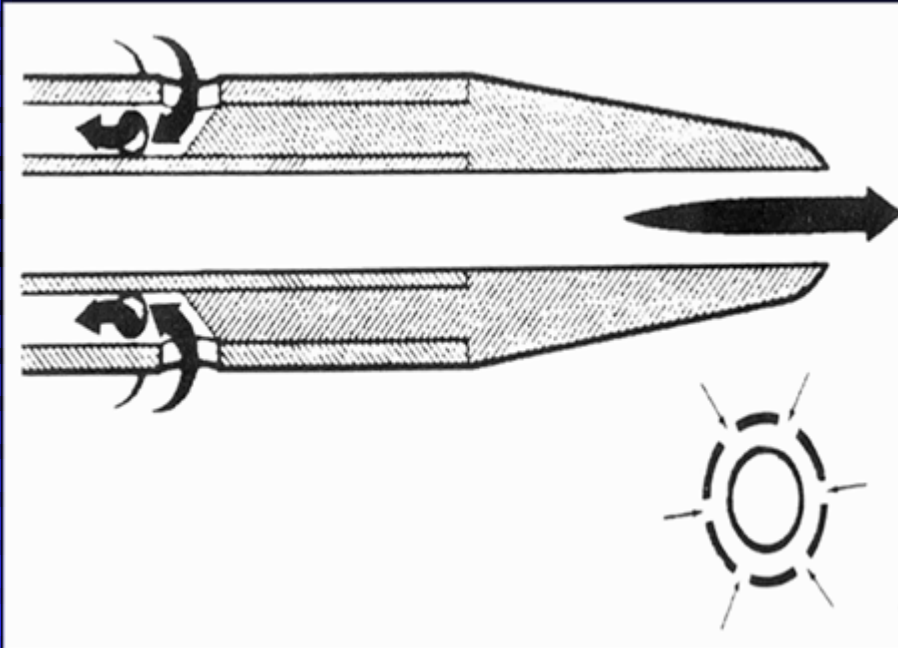


2) Co ? Obt un Debit Sang Eleve ?

Apres la Jonction VCS et Oreillette..



2) Co ? Obt un Debit Sang Eleve ?



3) Pre- ou Post- ? En Tandem ?

FRACTION DE FILTRATION :
UTILE ?

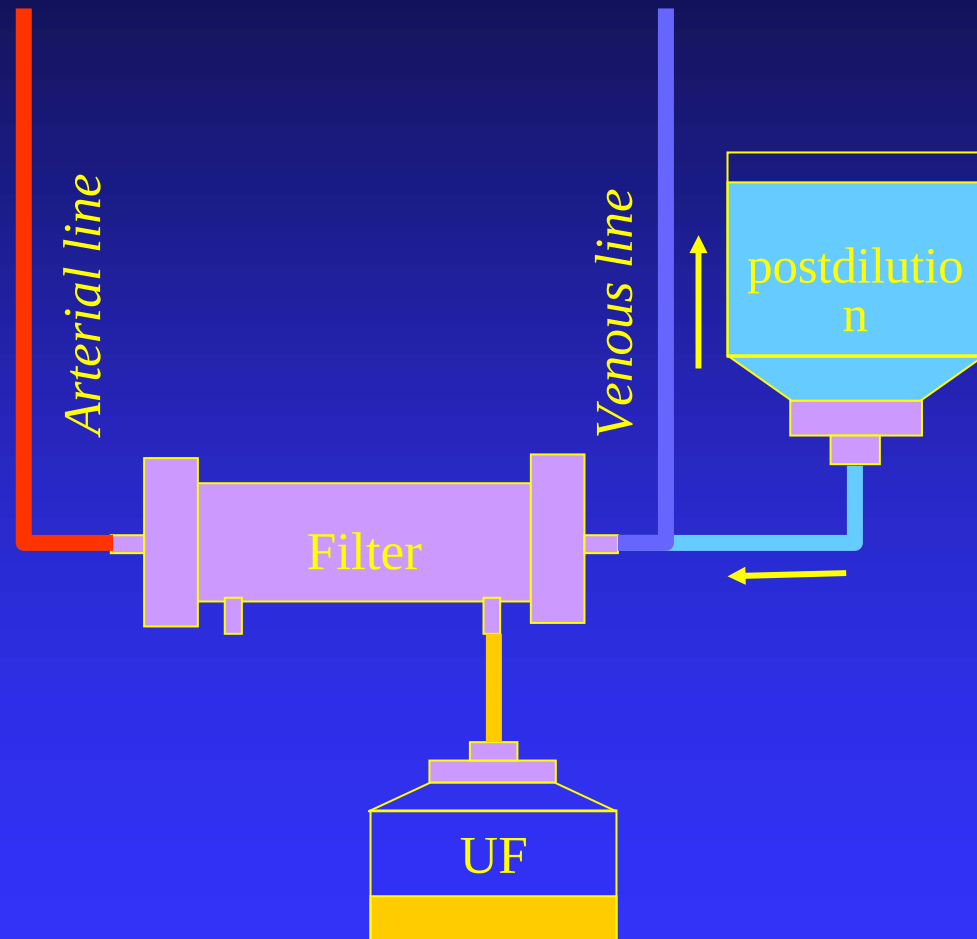
3) Pre- ou Post- ? En Tandem ?

Débit sang / UF

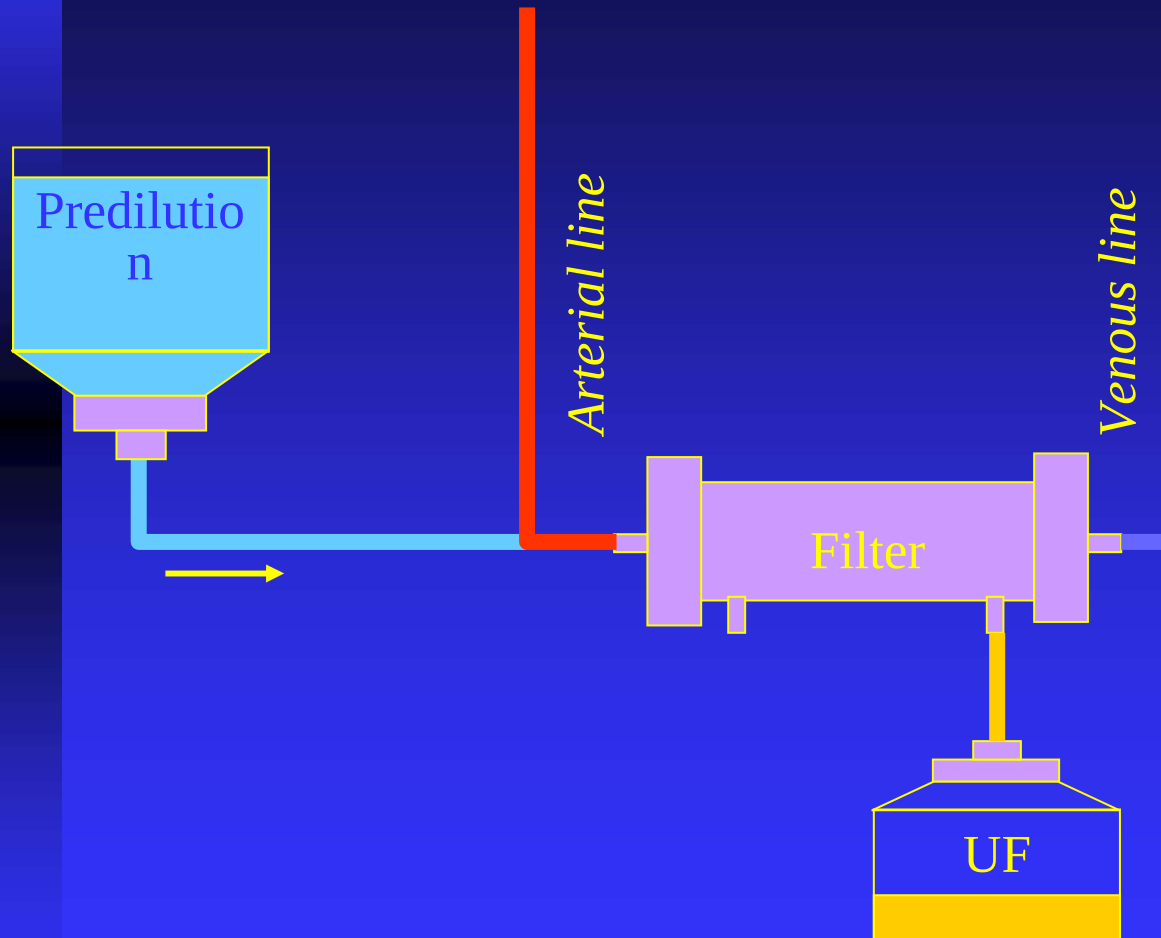
$$FF = Q_{uf} / (Q_s + \rho Q_{uf} - Q_{\delta P})$$

$Q_{\delta P}$ = Perte de Poids
 ρ = Ratio de Prédilution

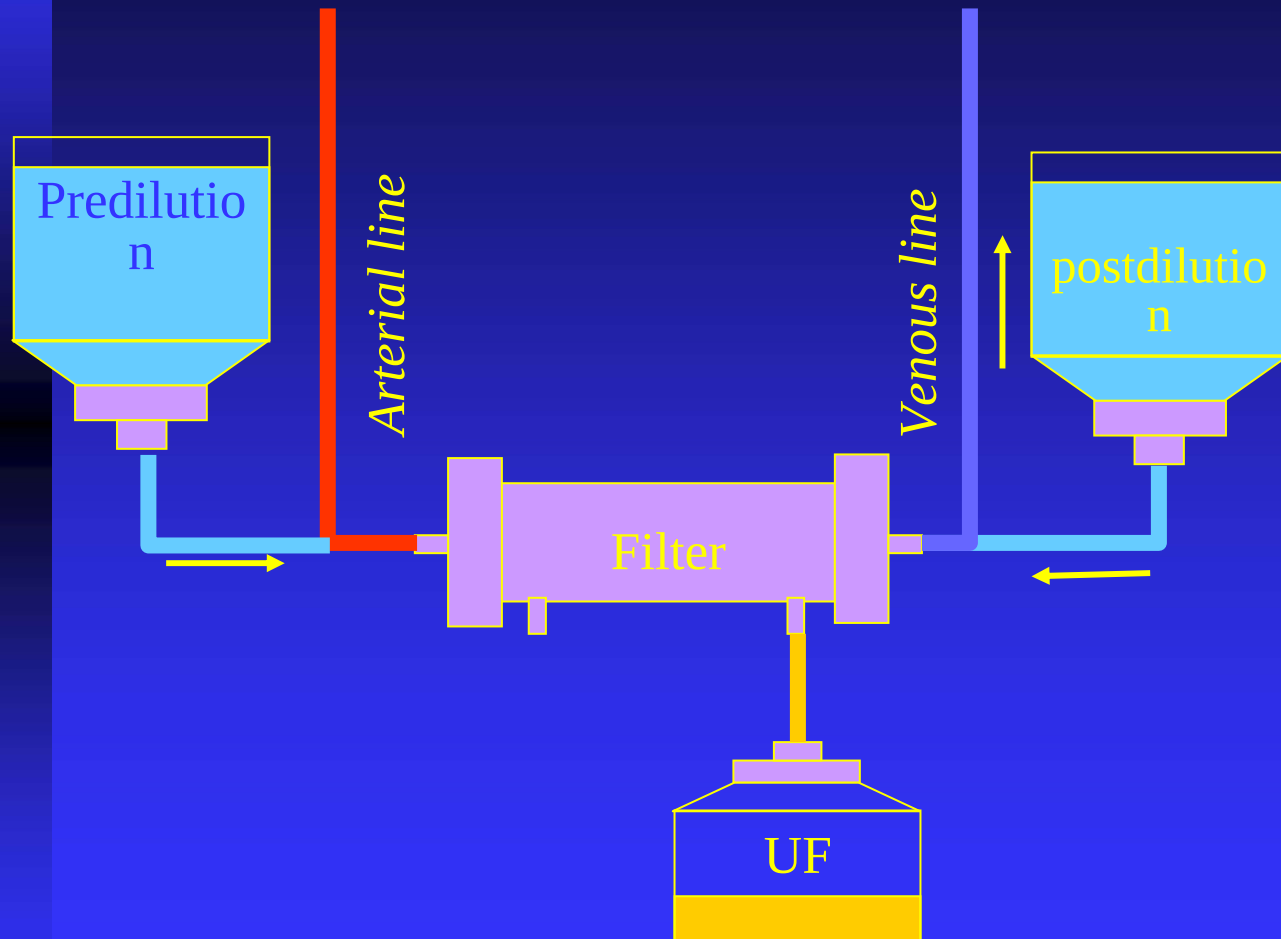
3) Pre- ou Post- ? En Tandem ?



3) Pre- ou Post- ? En Tandem ?

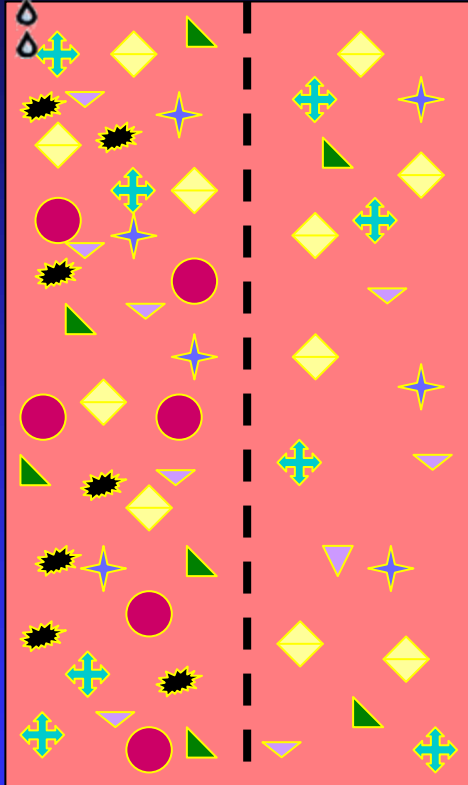


3) Pre- ou Post- ? En Tandem ?



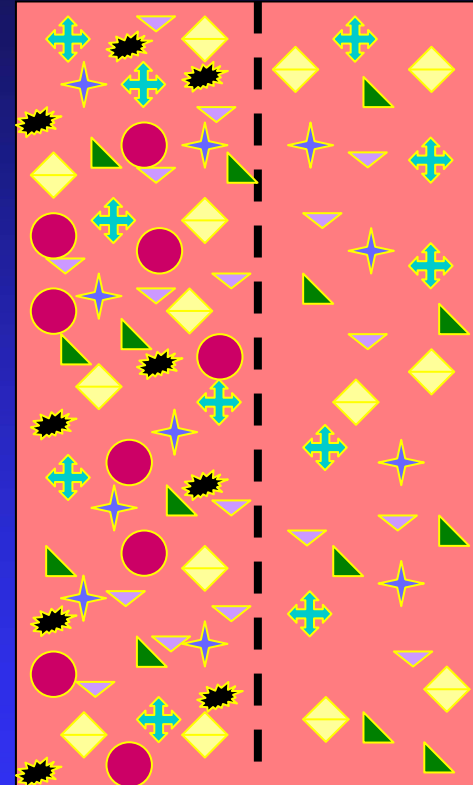
3) Pre- ou Post- ? En Tandem ?

Pré-dilution



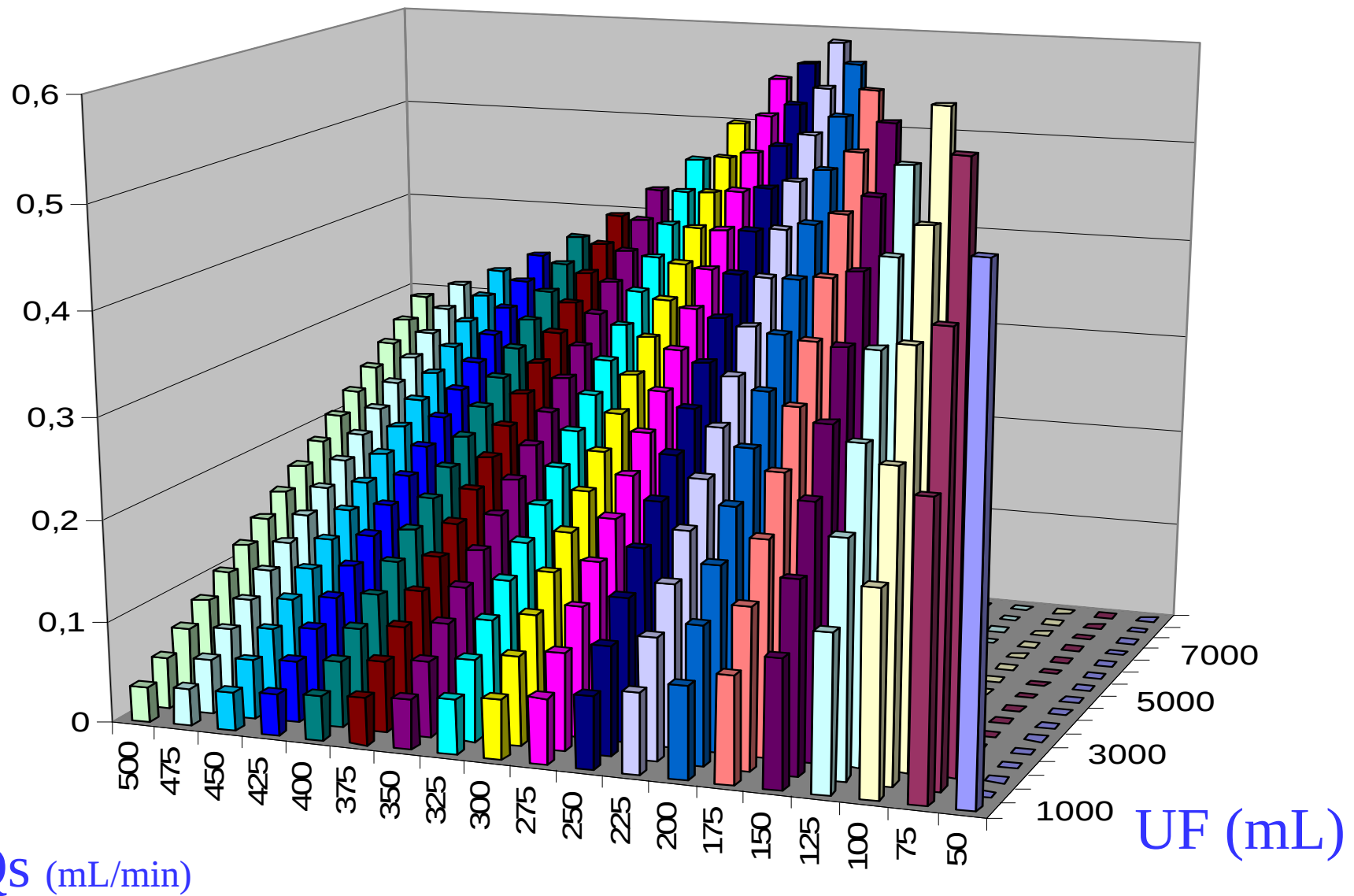
- ↘ Hématocrite
- ↘ Plaquettes
- ↘ Fct. de coagulation

Post-dilution



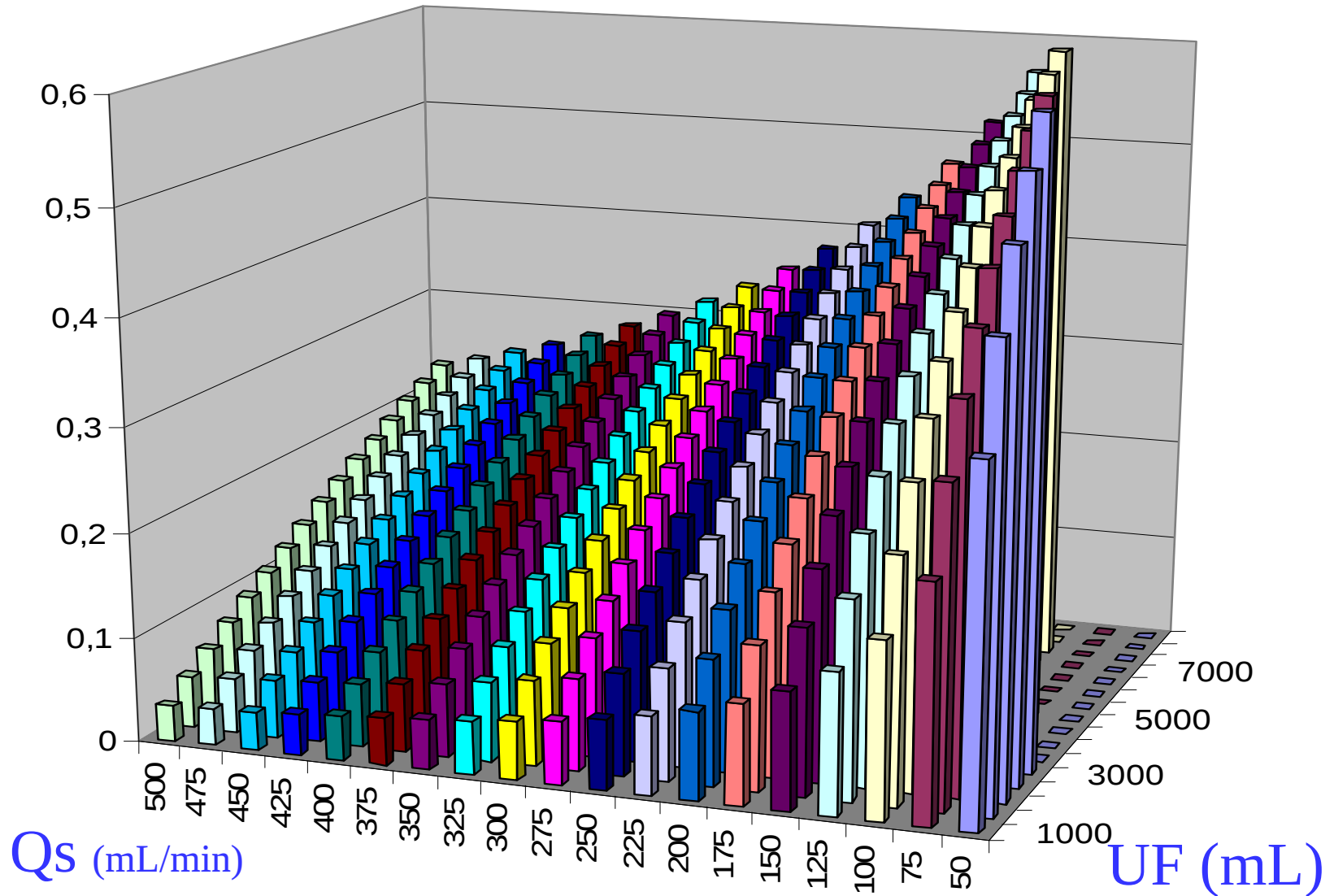
- ↗ Hématocrite
- ↗ Plaquettes
- ↗ Fct. de coagulation

Postdilution 3) Pre- ou Post- ? En Tandem ?



Predilution 3) Pre- ou Post- ? En Tandem ?

FF



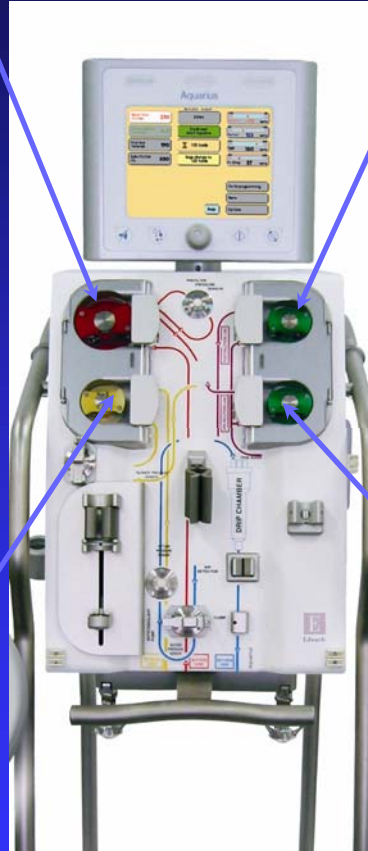
3) Pre- ou Post- ? En Tandem ?

Pompe Sang

**Pompe Post
dilution**

Pompe Filtration

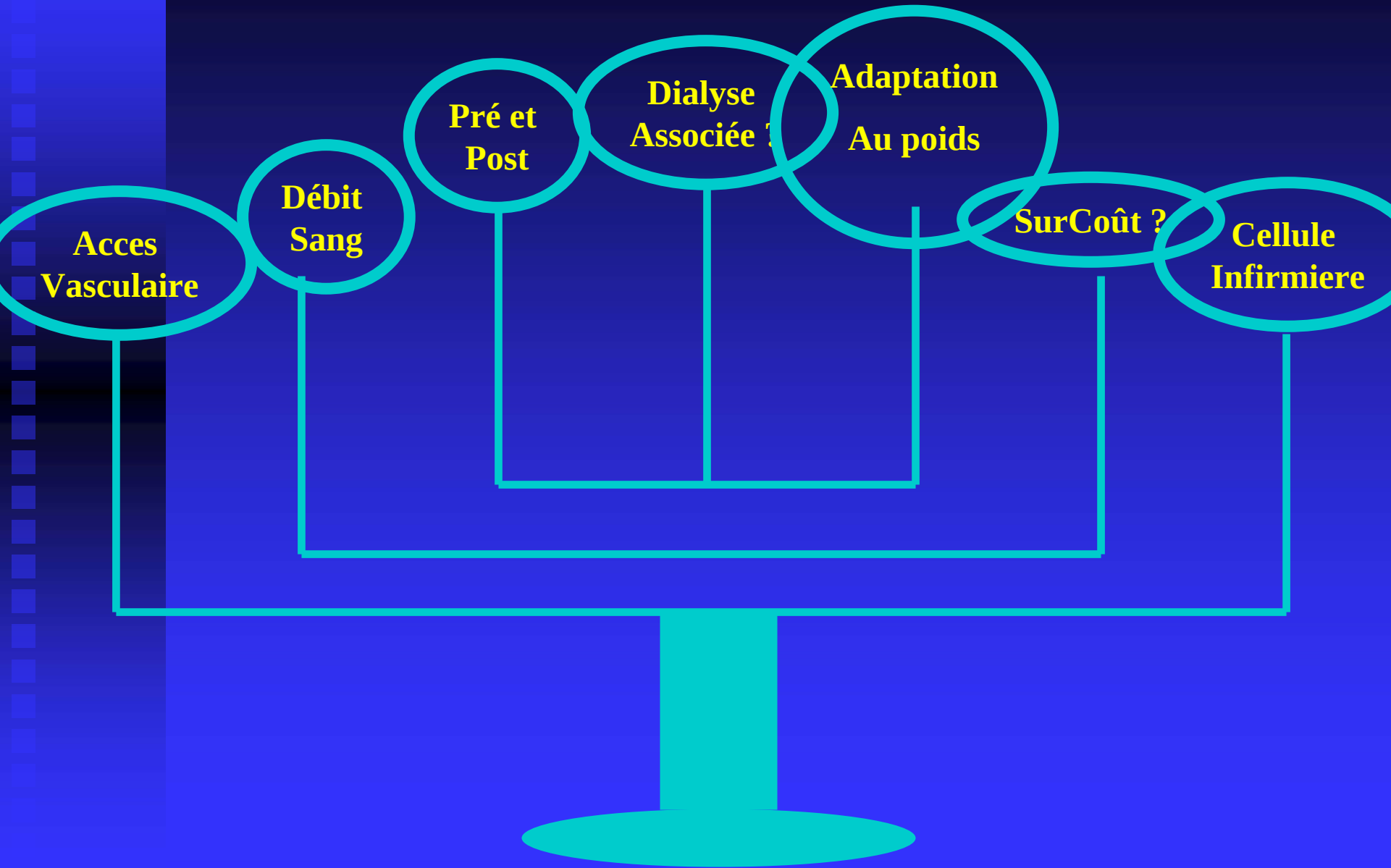
**Pompe Pré-dilution
dialysat**



4) Implemenation des 35 ml/kg/h..

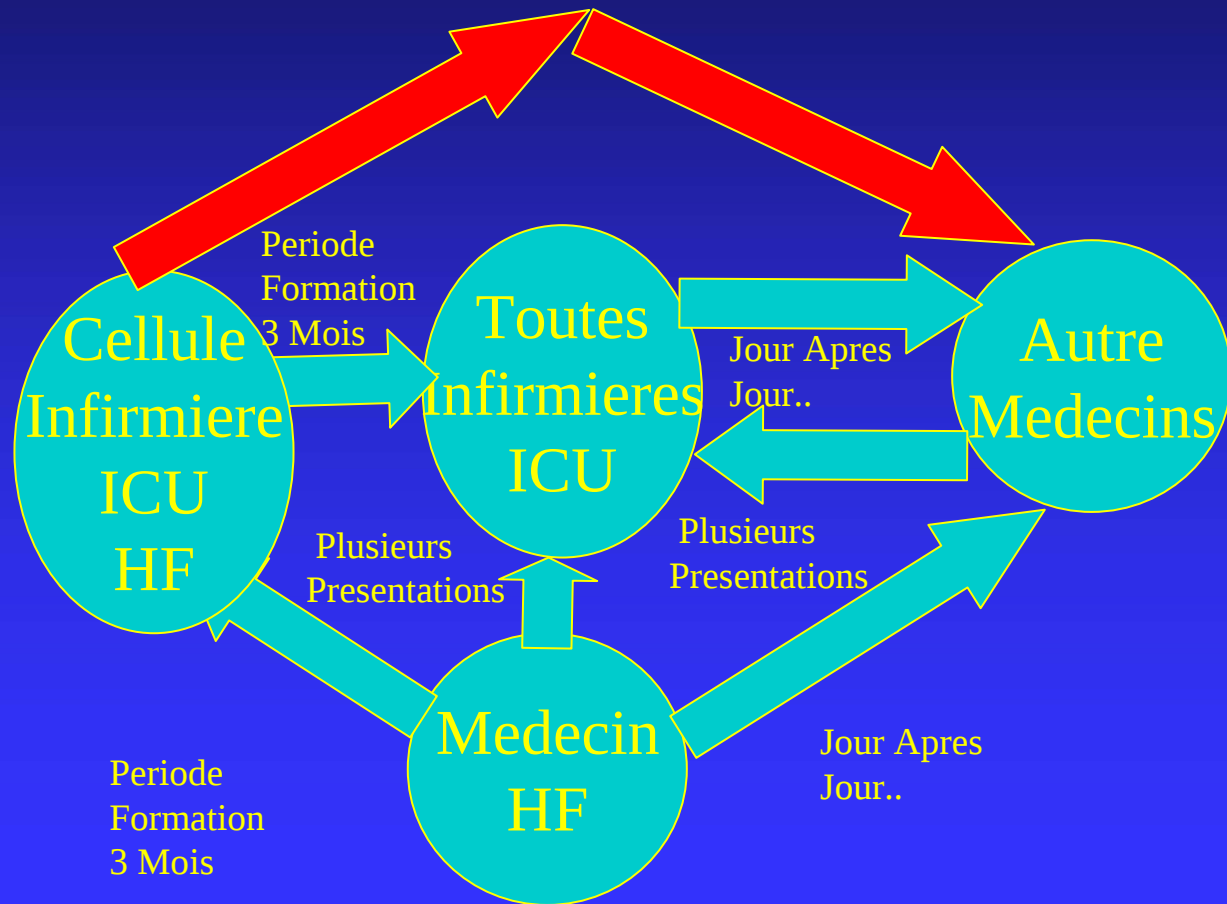
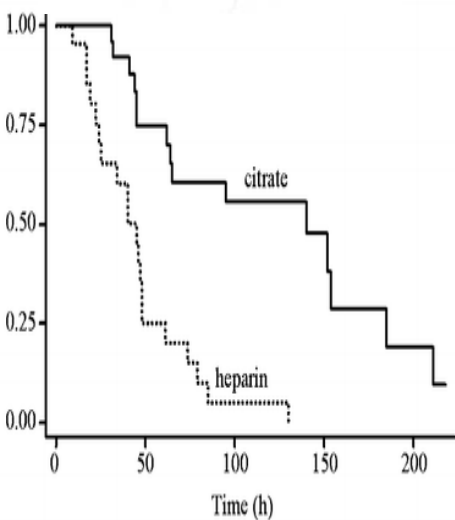
**LES 7 « BRANCHES DU
CHANDELIER » POUR
FAIRE DU 35 ML/KG/H**

4) Implemenation des 35 ml/kg/h..

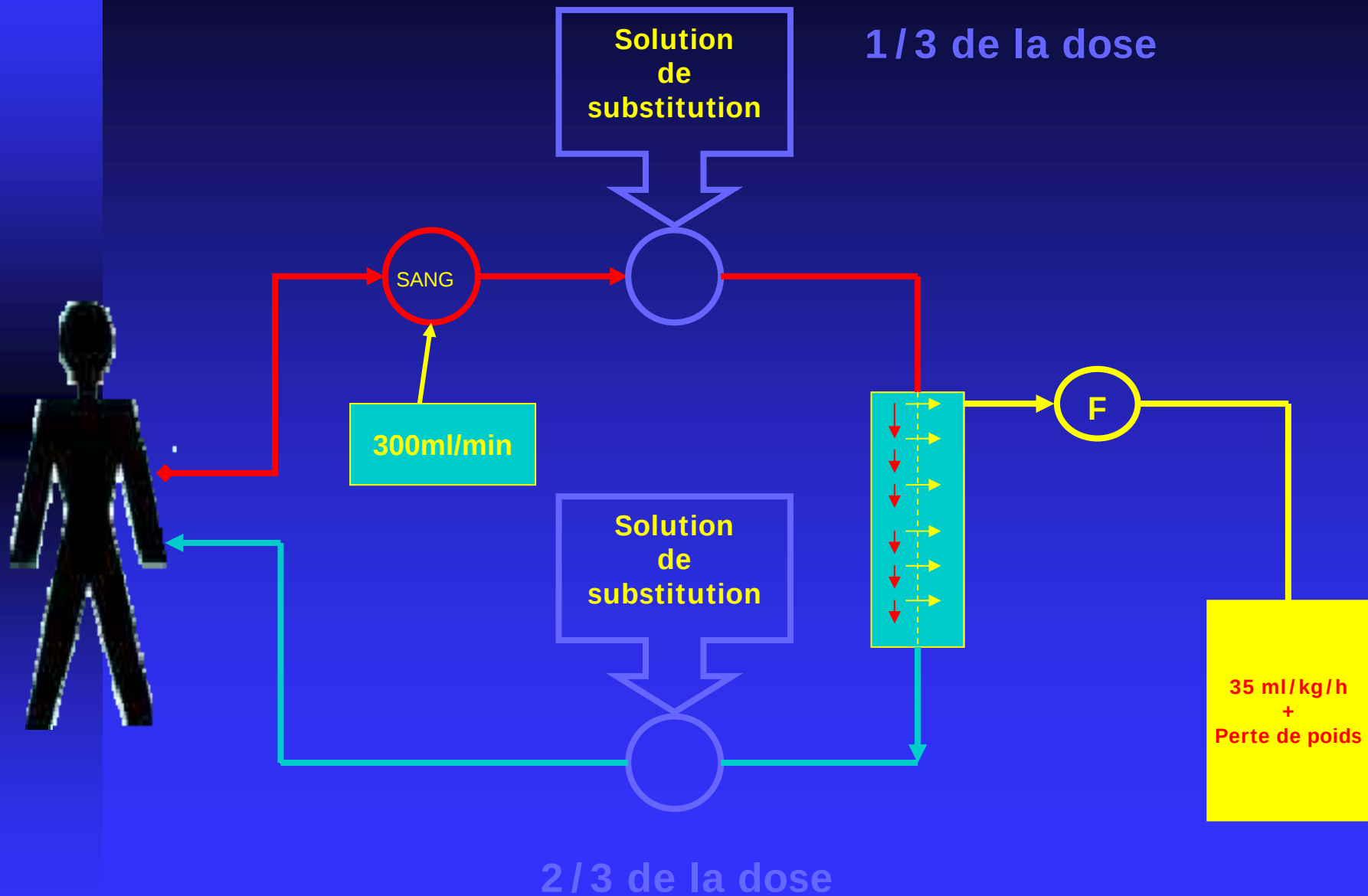


4) Implementation des 35 ml/kg/h..

Module De Formation Continue



5)Aspects Pratiques..



5)Aspects Pratiques..

Tables:

Poids	Dose T 35 ml/kg/h	Pre-Dilution 1/3 Dose T	Post-Dilution 2/3 Dose T
50	1800	600	1200
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60	2100	700	1400
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100	3500	1200	2300
105	3700	1200	2500
110	3900	1300	2600
115	4000	1300	2700
120	4200	1400	2800

FF: 10%

FF:17%

FF: 23%

[illegible]

6) Conclusions-Perspectives

- **Un Bon Debit Sang est Capital..**
- **Pour cela, il faut un bon Acces Vasculaire..**
- **Ce bon debit permet une FF < 25 %...**
- **Pre- et Post sont devenus Incontournables..**
- **Une Cellule et des reunions regulieres sont une cle pour le Succes..**