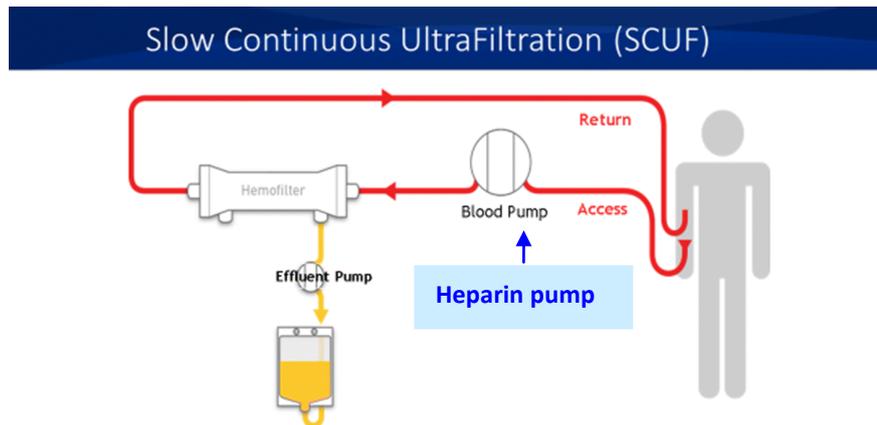


Slow Continuous Ultra Filtration (SCUF)

What is SCUF?

This is the process of **fluid removal** across a semi-permeable membrane and may be used when **U/E's are within normal range**. SCUF does not rely on convective or diffusive transport mechanisms so although the 3 main substitution fluid bags remain suspended on the prismaflex scales, each of these are programmed to 0ml/hr in the prescription display screen.

Basically, the patient's blood circulates through the filter and at the same time a set amount of fluid is removed as per medical staff's instructions. Only the blood pump and effluent pump will rotate. Anticoagulation using heparin is usually required.



How to change the patient's treatment from CVVHDF/Citrate to SCUF/ Heparin anticoagulation

1. Using a 20ml **leur-lock syringe** draw up 20,000 units heparin in 20ml and install into an external syringe driver i.e. agilia and connect directly to the anticoagulation port on the haemofiltration circuit.
2. In the anticoagulation display screen turn citrate dose to zero and do same for calcium compensation.
3. A minimum calcium compensation of 5% may still appear on the display screen – this is ok as the calcium infusion rate should now read 0ml/hr. **Clamp the calcium infusion line.**
4. In the prescription display screen, reduce dialysate and replacement settings to 0ml/hr, the citrate infusion rate will also be 0ml/hr. **Remember – all 3 bags need to be programmed to 0ml/hr.**
5. **'SCUF'** will appear in the top right corner of the display screen.
6. Check with medical staff regarding the amount of fluid that should be removed and programme this in to the machine.
7. Change blood pump speed to a minimum 180ml/min – this can be increased to 250ml/min.
8. Start the heparin infusion at 500units/hr i.e. 0.5ml/hr.
9. If the **pressure drop** parameter is increasing – increase the heparin infusion to 1000units/hr.

Heparin safety checks

- Medical staff prescribe heparin anticoagulation in the patient's drug kardex 0.5 to 3.0 ml/hr
- Check APTT ratio twice daily at 0600hrs and 1800hrs.
- Stop heparin infusion in the following: Platelet count <60, APTT ratio > 2.5, PTT >40, or if severe bleeding problems occur.
- Pharmacological subcutaneous DVT prophylaxis can still be administered during this treatment unless coagulation is deranged.

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