To:

ICC Team Managers
ICC Operational Leads
Regional Directors of Commissioning
Critical Care Networks (see distribution)
Renal Networks (see distribution)

NHS England and NHS Improvement
80 London Road
Skipton House
London SE1 6LH

21 April 2020

Dear Colleague,

URGENT AND IMPORTANT – COVID19 PATIENTS WHO REQUIRE ACCESS TO RENAL REPLACEMENT THERAPY (RRT) – FURTHER UPDATE ON OPTION APPRAISAL TO SUPPORT PROVIDERS.

The issues for RRT in critical care remains under daily review as the situation develops. ICNARC reported on 17 April that 28.8% of patients on advanced respiratory support need renal support for a median of 4 days.

Further to the letter of the 17 April which outlined key actions for providers of critical care to follow, there has been further dialogue between manufacturers, and clinical leads involved in the national response to maintain the capacity to deliver haemofiltration (CVVH).

A modification to the daily national COVID-19 SITREP has been successfully implemented to include identification of the number of patients on RRT within critical care. This is being used to support the distribution of the consumables in liaison with the companies. Access the daily RRT SITREP at a regional or network basis is through the FutureNHS Collaboration Platform, those needing access please contact the NPOC Trauma team by emailing: england.npoc-trauma@nhs.net.

Whilst critical care and renal networks work on plans to support those patients receiving RRT within critical care, the guidance supporting the delivery of CVVH has been amended. The revised strategy should be to conserve both fluids **and** sets used in CVVH and it is recommended that the following actions are taken:

- In **contrast** to previous guidance, sets should be used for 24-48 hours. If the supply of machines allows, the use of the set may continue longer up to the recommended time permitted.
- To **support** the use of sets, systemic anticoagulation should be used unless there are contraindications to that approach.
- The **fluid replacement rate** should be based at a level of 10-15% of the pump speed (Qb), which in turn can be set in most cases at 200 mLs/min. This will yield a fluid replacement rate of approximately 20 mL/min.
- To **further conserve** fluid stocks, CVVH is preferred to CVVHD, but individualised case by case. During the current clinical scenario, **the addition of dialysis** (CVVHD mode) **should be rarely needed**.

- Critical Care Units, supported by renal services as well as renal and critical networks should continue to plan other options for renal replacement therapy on an urgent basis.

Further enquiries to NR by emailing england.npoc-trauma@nhs.net.

Yours sincerely,

Personal Data

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