Single Center Case Study on Acute Dialysis with a Dialysate Flow Rate of 300 mL/min compared to $\geq 500 \text{ mL/min}$

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BACKGROUND:

Conventional hemodialysis is usually prescribed at a dialysate flow rate (Qd) of 500 mL/min or greater.

The Tablo[®] Hemodialysis System is an all-in-one system with a max Qd of 300 mL/min designed to facilitate innovation of dialysis care in all settings featuring:

- An Integrated Water Purification System
- On-Demand Dialysate Production

RESULTS:

Over 13 months, 105 of 289 patients dialyzed on Tablo also treated on a conventional device during their hospitalization.

Treatments were primarily performed on Revaclear 300 dialyzers with larger dialyzers (Revaclear 400 or F180) used in 25% of Tablo treatments and 28% of conventional device treatments.

Treatment times and blood flow rates were similar.

Table 1

- A Simplified User Interface
- Two-way Wireless Communication

Previously published modeling and real-world data have demonstrated that patients can achieve adequate urea clearance with Tablo in the acute and chronic settings.

OBJECTIVE:

To report on the clinical experience in an acute hospital setting of consecutive patients treated with the Tablo[®] Hemodialysis System at Qd 300 mL/min.

METHODS:

Retrospective review of patients admitted to St Francis Hospital who, during a single hospitalization, received dialysis treatments on both Tablo and a conventional dialysis device.

To minimize selection bias, patients served as their own controls.

Clinical lab results of blood urea nitrogen (BUN) and potassium (K) were obtained on the day of therapy and the day following therapy.

Timing of dialysis in relation to the timing of the two lab results was not recorded.



Total # of Treatments: 363			
Total # of Patients: 105	Treatments on Tablo: 172	Treatments on Conventional Device: 191	
Avg Dialysate Flow Rate (mL/min)	299 ± 8	575 ± 79	
Avg Blood Flow Rate (mL/min)	309 ± 37	315 ± 44	
Avg Treatment Time (hr)	3.3 ± 0.4	3.3 ± 0.4	
Table 2 Table 3			
Potassium Clea	arance	Urea Clearance	
Average Pre-K & 24 h Tablo vs Conventiona w/ Same Patie Population (N=10	al Device Tab nts	Average Day of BUN & Next Day BUN Tablo vs Conventional Device w/ Same Patients Population (N=105)	



CONCLUSION:

In the less predictable acute environment, the Tablo System at Qd 300 mL/min can be expected to yield similar results to conventional systems at Qd 500 mL/min or greater.





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