

CONTINUOUS HEMATOCRIT (HCT) DURING DIALYSIS.
RELATIONSHIP OF MAX HCT (MH) TO FINAL HCT (FH)

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As part of an ongoing study of 3 X week hct measurements to evaluate hct variability, we evaluated the relationship of MH to FH. The critline device, which measures continuous hct during dialysis, was used in all 49 patients in a dialysis unit. All treatments for the 1st 3 months of the study were analyzed. Two distinct patterns were seen. 10/49 patients had large differences (LD) in the MH vs FH and 39 patients had small differences (SD) (0.46(.62) vs. 0.21(.44) $p < 0.001$). The SD group had 691/1274 observations with the MH identical to the FH. The LD group had significantly higher dry wts, smaller wt gains, higher MAP, higher hgb, lower EPO dose, less hgb variability (more time that hgb is in target range) than the SD group. The 2 graphs show representative pts.

A LD in max hct vs final hct may identify a "healthier" cohort. These patients can "refill" their intravascular volume at the end of dialysis after fluid removal to dry wt. These patient also appear to have more stable hgbs in the target range with lower EPO doses.

