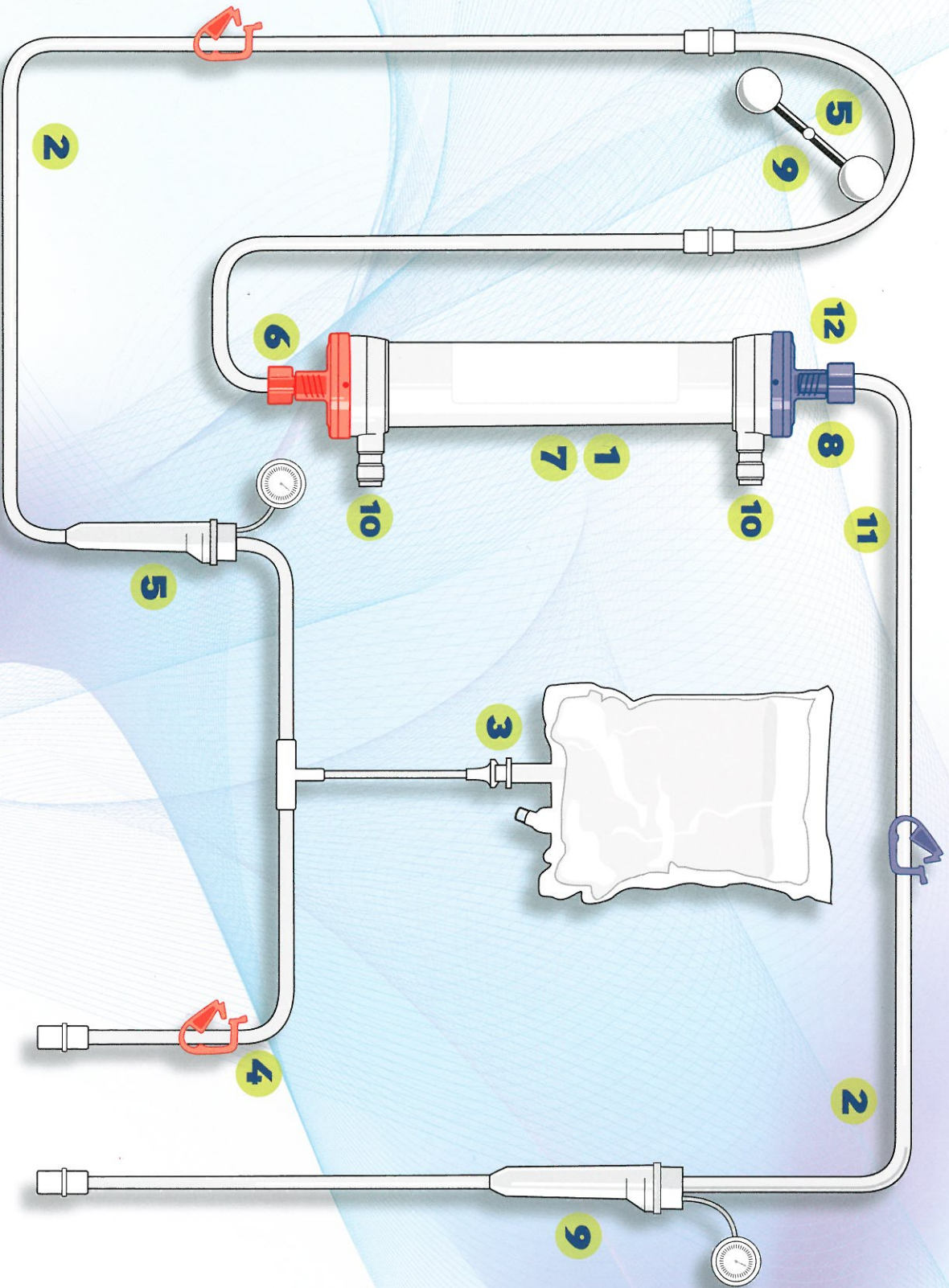




# PRIMING<sup>ASAHI</sup> WET-TYPE PEDIALYZERS





IT IS IMPORTANT TO REMEMBER THAT THIS DIAGRAM IS INTENDED TO BE USED AS A QUICK REFERENCE GUIDE. PLEASE REFER TO THE IFU ENCLOSED IN EACH CARTON OF DIALYZERS FOR MORE DETAILED INFORMATION.

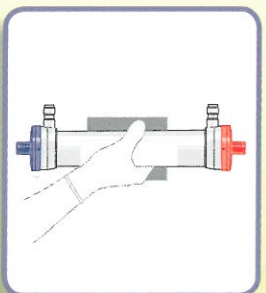
IT IS IMPORTANT TO USE ASEPTIC TECHNIQUE THROUGHOUT THIS PROCEDURE. THIS TECHNIQUE IS INTENDED TO PREVENT THE INTRODUCTION OF AIR INTO A WET-PACKED DIALYZER. PLEASE REMEMBER THAT THE DIALYZER IS FILLED WITH STERILE,

R.O. WATER WHICH MUST BE REMOVED BY PRIMING BEFORE INITIATION OF DIALYSIS.

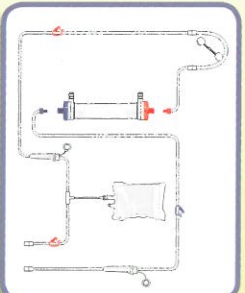
**NOTE:** IF USING EQUIPMENT THAT REQUIRES PRIMING FROM THE **VENOUS** SIDE FIRST, POSITION THE DIALYZER IN THE HOLDER WITH THE **VENOUS** HEADER UP AND PRIME THE **VENOUS** LINE AND DRIP CHAMBER WITH SALINE BY GRAVITY BEFORE ATTACHING TO THE **VENOUS** BLOOD PORT OF THE DIALYZER. INVERT DIALYZER AND PROCEED.

## PRIMING PROCEDURE

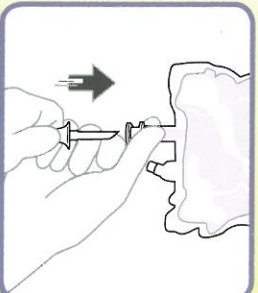
**STEP1**  
Position the dialyzer on the machine with the arterial header (red) up.



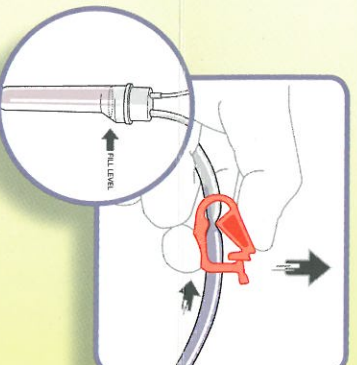
**STEP2**  
Place arterial and venous bloodlines on the machine according to manufacturer's IFU. Close all small clamps. (Do not attach bloodlines to dialyzer.)



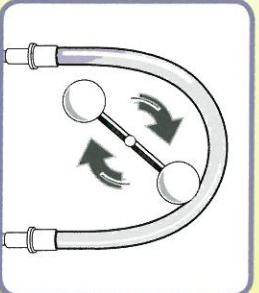
**STEP3**  
Connect 1-liter bag of 0.9% saline to the I.V. administration set. Note: Saline volume may be determined by unit policy.



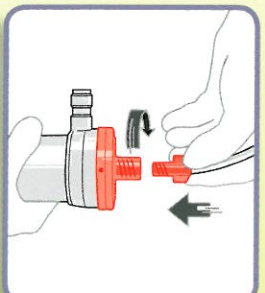
**STEP4**  
See above NOTE. Open saline clamp and allow patient end of arterial line to fill with saline by gravity. Please note that all drip chambers should be maintained at approximately 3/4 full depending on manufacturer's IFU. Close arterial bloodline tubing clamp.



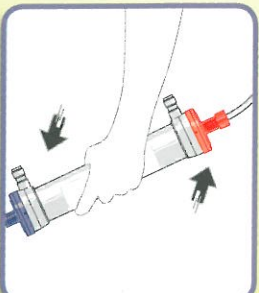
**STEP5**  
Start blood pump at slow flow rate to prime dialyzer end of arterial line. Be sure to fill drip chamber (if present) to avoid saline-air mix in bloodline. Ensure all air is removed from blood pump segment.



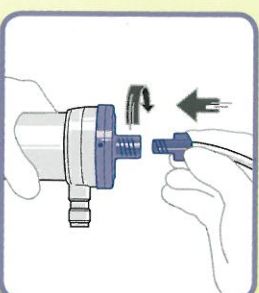
**STEP6**  
When bloodline is completely free of air, stop blood pump and aseptically attach bloodline to arterial (red) blood connector of dialyzer.



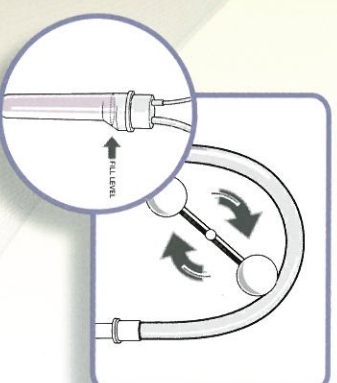
**STEP7**  
Rotate dialyzer venous (blue) end up.



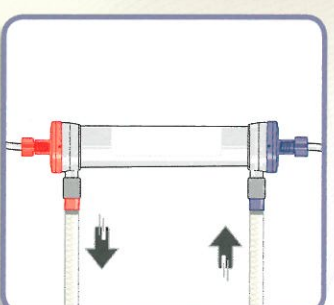
**STEP8**  
Attach venous bloodline to venous (blue) end of dialyzer.



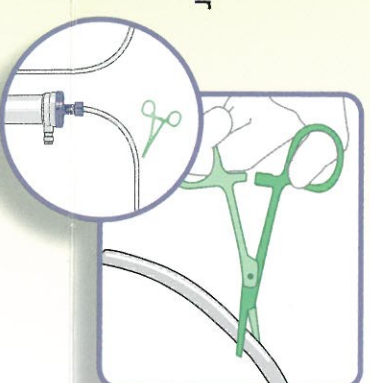
**STEP9**  
Resume blood pump at blood flow rate no faster than 150ml/min. Fill venous drip chamber to appropriate level.



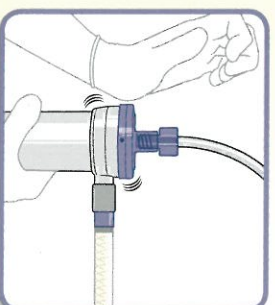
**STEP10**  
Attach dialysate lines to the dialyzer and begin dialysate flow with minimum UF.



**STEP11**  
BRIEFLY pinch and release either the arterial or venous blood tubing near the dialyzer to assist in purging residual air from the fibers. (This process may be continued throughout the priming process until air fails to accumulate in the header.)



**STEP12**  
GENTLY tilt and tap the venous dialyzer header to remove accumulated air. (Remember that it is possible to remove air only when the dialyzer is in the venous header up position.)



**STEP13**  
Continue priming process until 1000ml total saline has passed through the dialyzer and no further air can be removed. Note: Saline volume may be determined by unit policy. If air bubbles remain, continue priming with additional saline until clear. Replace empty saline bag.

**STEP14**  
This completes priming of the Asahi wet-packed dialyzer. Treatment may begin, or, if it is normal unit procedure, it is possible to recirculate saline until treatment begins by connecting the arterial and venous blood lines, opening the saline clamp and resuming blood pump at a slow blood flow rate. At treatment onset, dialyzer may be rotated to arterial header up position if desired.

