Supplementary Tables

| Table 1 110w fate of calcium drip based on fomzed calcium level | | |
|---|---|--|
| Patient ionized calcium | Starting Calcium drip | |
| Less than 0.9 mmol/L | 10 ml of 10% calcium chloride over 30 mins before | |
| | starting CRRT and then calcium drip at 15ml/hr | |
| 0.9 - 1.1 mmol/L | 12.5ml/hr | |
| Greater than 1.1 mmol/L | 10ml/hr | |

Table 1 Flow rate of calcium drip based on ionized calcium level

Table 2 Timings of the filter ionized calcium and patient ionized calcium checks

| Parameter | Initial check | Follow-up |
|--|--|--------------|
| Filter ionized Ca – ABG from blue port on circuit Target 0.25 to 0.35 mmol/L | Every two hours until stable (no further correction needed) | Every 6 hour |
| Patient ionized Ca – ABG from arterial line Target 0.9 to 1.1 mmol/L | Every two hours until stable (no further correction needed) | Every 6 hour |
| Serum calcium | After 6 hours | Daily |
| Total Calcium to patient Ca ratio Target ratio <2.4 (Ca mmol/1 = Ca (mg/dl) x 0.2495) | After 6 hours | Daily |

Table 3 Titration of citrate dose and calcium compensation based on filter ionized calcium

| Parameter | Filter Ionized Ca | Filter Ionized Ca | Filter Ionized Ca |
|------------------|-------------------|-------------------|-------------------|
| 1 al ameter | >0.35 | 0.25-0.35 | <0.25 |
| Patient Ca < 0.9 | Citrate dose | | Citrate dose |
| | increased by | | decreased by 0.5 |
| | 0.5mmol/L | Calcium | mmol/L |
| | and Calcium | compensation | and Calcium |
| | compensation | increased by 2.5 | compensation |
| | increased by | ml/hr | increased by |
| | increased by 2.5 | | increased by 2.5 |
| | ml/hr | | ml/hr |

| Patient Ionized Ca 0.9 – 1.1 | Citrate dose | | Citrate dose |
|---------------------------------|------------------|----------------------------------|------------------|
| | increased by 0.5 | Normal ideal value | decreased by 0.5 |
| | mmol/L | | mmol/L |
| Patient Ionized Ca > 1.1 | Citrate dose | | Citrate dose |
| | increased by 0.5 | Calcium | decreased by 0.5 |
| | mmol/L | | mmol/L |
| | AND Calcium | compensation decreased by 2.5 | AND Calcium |
| | compensation | ml/hr | compensation |
| | decreased by 2.5 | 1111/111 | decreased by 2.5 |
| | ml/hr | | ml/hr |

Table 4 Titration of heparin dose based on aPTT and aPTT ratio

| aPTT (seconds) | aPTT ratio | Heparin dose |
|----------------|------------|---|
| <35 | <1.2 | 80 IU/kg bolus dose and maintenance dose increased by 4 IU/kg |
| 35-45 | 1.2-1.5 | 40 IU/kg bolus dose and maintenance dose increased by 2 IU/kg |
| 46-70 | 1.5-2.3 | No dose modifications |
| >70 | >2.3 | Maintenance dose decreased by 5 IU/kg/hr |

| Ratio | Action | | |
|-------|--|--|--|
| <2.4 | Ratio checked daily | | |
| >2.4 | Citrate stopped for 20 minutes and restarted afterwards with 0.5 mmol/L less than the previous citrate dose. Calcium compensation unchanged. This would result in slightly higher filter ionized calcium. (0.35 to 0.45 acceptable) If ratio remained above 2.4 despite filter ionized calcium of 0.35 – 0.45 mmol/L, we considered: 1. Doubling baseline dialysate flow (to increase citrate clearance) 2. Reducing blood pump speed (to reduce total administered citrate dose) 3. Stopping citrate and using an alternative anticoagulant (or no anticoagulant) | | |

Table 5 Modulation of therapy based on total calcium to ionized calcium ratio

| Characteristic | Group 1 | Group 2 | p value |
|----------------------------|------------------|------------------|---------|
| | Mean±SD | Mean±SD | |
| ICU stay (days) | 6.12 ± 1.72 | 6.07 ± 2.05 | 0.923 |
| Duration on RRT (days) | 8.47 ± 1.03 | 8.72 ± 0.60 | 0.283 |
| Filtration fraction (%) | 14.18 ± 9.46 | 12.74 ± 7.63 | 0.536 |

Table 6 Patient outcomes in group 1 and 2