Technical Information Report

AAMI TIR43: 2011

Ultrapure dialysate for hemodialysis and related therapies

AAMI
Advancing Safety in Medical Technology

Ultrapure dialysate for hemodialysis and related therapies

Approved 23 September 20..by
Association for the Advancement of Medical Instrumentation

Abstract: Addresses preparation and use of ultrapure fluids to perform hemodialysis. Fluids include water and dialysate. Includes the definition of ultrapure fluids, the rationale for their use, and the means by which they can be prepared. Does not cover peritoneal dialysis fluids.

Keywords: fluid, preparation, use, water

AAMI Technical Information Report

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Comments on this technical information report are invited and should be sent to AAMI, Attn: Standards Department, 4301 N. Fairfax Drive, Suite 301, Arlington, VA 22203-1633

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Contents

Glossary of equivalent standards

International Standards adopted in the United States may include normative references to other International Standards. For each International Standard that has been adopted by AAMI (and ANSI), the table below gives the corresponding U.S. designation and level of equivalency to the International Standard. NOTE: Documents are sorted by international designation. The code in the US column, "(R)20xx" indicates the year the document was officially reaffirmed by AAMI. E.g., ANSI/AAMI/ISO 10993-4:2002/(R)2009 indicates that 10993-4, originally approved and published in 2002, was reaffirmed without change in 2009.

Other normatively referenced International Standards may be under consideration for U.S. adoption by AAMI; therefore, this list should not be considered exhaustive.

International designation	U.S. designation	Equivalency
IEC 60601-1:2005 Technical Corrigendum 1 and 2	ANSI/AAMI ES60601-1:2005 and ANSI/AAMI ES60601-1:2005/A2:2010 ANSI/AAMI ES60601-1:2005/C1:2009 (amdt)	Major technical variations C1 Identical to Corrigendum 1 & 2
IEC 60601-1-2:2007	ANSI/AAMI/IEC 60601-1-2:2007	Identical
IEC 60601-2-2:2009	ANSI/AAMI/IEC 60601-2-2:2009	Identical
IEC 60601-2-4:2010	ANSI/AAMI/IEC 60601-2-4:2010	Identical
IEC 60601-2-16:2008	ANSI/AAMI/IEC 60601-2-16:2008	Identical
IEC 60601-2-19:2009	ANSI/AAMI/IEC 60601-2-19:2009	Identical
IEC 60601-2-20:2009	ANSI/AAMI/IEC 60601-2-20:2009	Identical
IEC 60601-2-21:2009	ANSI/AAMI/IEC 60601-2-21:2009	Identical
IEC 60601-2-24:1998	ANSI/AAMI ID26:2004/(R)2009	Major technical variations
IEC 60601-2-27:2011	ANSI/AAMI/IEC 60601-2-27:2011	Identical
IEC 60601-2-47:2001	ANSI/AAMI EC38:2007	Major technical variations
IEC 60601-2-50:2009	ANSI/AAMI/IEC 60601-2-50:2009	Identical
IEC 80001-1:2010	ANSI/AAMI/IEC 80001-1:2010	Identical
IEC 80601-2-30:2009 and Technical Corrigendum 1	ANSI/AAMI/IEC 80601-2-30:2009 and ANSI/AAMI/IEC 80601-2-30:2009/ C1:2009 (amdt) – consolidated text	Identical (with inclusion) C1 Identical to Corrigendum 1
IEC 80601-2-58:2008	ANSI/AAMI/IEC 80601-2-58:2008	Identical
IEC/TR 60878:2009	ANSI/AAMI/IEC TIR60878:2003	Identical
IEC/TR 62296:2009	ANSI/AAMI/IEC TIR62296:2009	Identical
IEC 62304:2006	ANSI/AAMI/IEC 62304:2006	Identical
IEC/TR 62348:2006	ANSI/AAMI/IEC TIR62348:2006	Identical
IEC/TR 62354:2009	ANSI/AAMI/IEC TIR62354:2009	Identical
IEC 62366:2007	ANSI/AAMI/IEC 62366:2007	Identical
IEC/TR 80002-1:2009	ANSI/IEC TIR80002-1:2009	Identical
ISO 5840:2005	ANSI/AAMI/ISO 5840:2005/(R)2010	Identical
ISO 7198:1998	ANSI/AAMI/ISO 7198:1998/2001/(R)2010	Identical
ISO 7199:2009	ANSI/AAMI/ISO 7199:2009	Identical
ISO 8637:2010	ANSI/AAMI/ISO 8637:2010	Identical
ISO 8638:2010	ANSI/AAMI/ISO 8638:2010	Identical
ISO 10993-1:2009	ANSI/AAMI/ISO 10993-1:2009	Identical
ISO 10993-2:2006	ANSI/AAMI/ISO 10993-2:2006/(R)2010	Identical
ISO 10993-3:2003	ANSI/AAMI/ISO 10993-3:2003/(R)2009	Identical
ISO 10993-4:2002 and Amendment 1:2006	ANSI/AAMI/ISO 10993-4:2002/(R)2009 and Amendment 1:2006/(R)2009	Identical
ISO 10993-5:2009	ANSI/AAMI/ISO 10993-5:2009	Identical
ISO 10993-6:2007	ANSI/AAMI/ISO 10993-6:2007/(R)2010	Identical
ISO 10993-7:2008	ANSI/AAMI/ISO 10993-7:2008	Identical
ISO 10993-9:2009	ANSI/AAMI/ISO 10993-9:2009	Identical
ISO 10993-10:2010	ANSI/AAMI/ISO 10993-10:2010	Identical
ISO 10993-11:2006	ANSI/AAMI/ISO 10993-11:2006/(R)2010	Identical
ISO 10993-12:2007	ANSI/AAMI/ISO 10993-12:2007	Identical
ISO 10993-13:2010	ANSI/AAMI/ISO 10993-13:2010	Identical
ISO 10993-14:2001	ANSI/AAMI/ISO 10993-14:2001/(R)2006	Identical
ISO 10993-15:2000	ANSI/AAMI/ISO 10993-15:2000/(R)2006	Identical
ISO 10993-16:2010	ANSI/AAMI/ISO 10993-16:2010	Identical
ISO 10993-17:2002	ANSI/AAMI/ISO 10993-17:2002/(R)2008	Identical
ISO 10993-18:2005	ANSI/AAMI BE83:2006	Major technical variations
ISO/TS 10993-19:2006	ANSI/AAMI/ISO TIR10993-19:2006	Identical
ISO/TS 10993-20:2006	ANSI/AAMI/ISO TIR10993-20:2006	Identical
ISO 11135-1:2007	ANSI/AAMI/ISO 11135-1:2007	Identical
ISO/TS 11135-2:2008	ANSI/AAMI/ISO TIR11135-2:2008	Identical

International designation	U.S. designation	Equivalency
ISO 11137-1:2006	ANSI/AAMI/ISO 11137-1:2006/(R)2010	Identical
ISO 11137-2:2006 (2006-08-01 corrected)	ANSI/AAMI/ISO 11137-2:2006	Identical
ISO 11137-3:2006	ANSI/AAMI/ISO 11137-3:2006/(R)2010	Identical
ISO 11138-1:2006	ANSI/AAMI/ISO 11138-1:2006/(R)2010	Identical
ISO 11138-2:2006	ANSI/AAMI/ISO 11138-2:2006/(R)2010	Identical
ISO 11138-3:2006	ANSI/AAMI/ISO 11138-3:2006/(R)2010	Identical
ISO 11138-4:2006	ANSI/AAMI/ISO 11138-4:2006/(R)2010	Identical
ISO 11138-5:2006	ANSI/AAMI/ISO 11138-5:2006/(R)2010	Identical
ISO/TS 11139:2006	ANSI/AAMI/ISO 11139:2006	Identical
ISO 11140-1:2005	ANSI/AAMI/ISO 11140-1:2005/(R)2010	Identical
ISO 11140-3:2007	ANSI/AAMI/ISO 11140-3:2007	Identical
ISO 11140-4:2007	ANSI/AAMI/ISO 11140-4:2007	Identical
ISO 11140-5:2007	ANSI/AAMI/ISO 11140-5:2007	Identical
ISO 11607-1:2006	ANSI/AAMI/ISO 11607-1:2006/(R)2010	Identical
ISO 11607-2:2006	ANSI/AAMI/ISO 11607-2:2006/(R)2010	Identical
ISO 11663:2009	ANSI/AAMI/ISO 11633:2009	Identical
ISO 11737-1:2006	ANSI/AAMI/ISO 11737-1:2006	Identical
ISO 11737-2:2009	ANSI/AAMI/ISO 11737-2:2009	Identical
ISO/TS 12417:2011	ANSI/AAMI/ISO TIR12417:2011	Identical
ISO 13408-1:2008	ANSI/AAMI/ISO 13408-1:2008	Identical
ISO 13408-2:2003	ANSI/AAMI/ISO 13408-2:2003	Identical
ISO 13408-3:2006	ANSI/AAMI/ISO 13408-3:2006	Identical
ISO 13408-4:2005	ANSI/AAMI/ISO 13408-4:2005	Identical
ISO 13408-5:2006	ANSI/AAMI/ISO 13408-5:2006	Identical
ISO 13408-6:2006	ANSI/AAMI/ISO 13408-6:2006	Identical
ISO 13485:2003	ANSI/AAMI/ISO 13485:2003/(R)2008	Identical
ISO 13958:2009	ANSI/AAMI/ISO 13958:2009	Identical
ISO 13959:2009	ANSI/AAMI/ISO 13959:2009	Identical
ISO 14155:2011	ANSI/AAMI/ISO 14155:2011	Identical
ISO 14160:1998	ANSI/AAMI/ISO 14160:1998/(R)2008	Identical
ISO 14161:2009	ANSI/AAMI/ISO 14161:2009	Identical
ISO 14708-3:2008	ANSI/AAMI/ISO 14708-3:2008	Identical
ISO 14708-4:2008	ANSI/AAMI/ISO 14708-4:2008	Identical
ISO 14708-5:2010	ANSI/AAMI /ISO 14708-5:2010	Identical
ISO 14937:2009	ANSI/AAMI/ISO 14937:2009	Identical
ISO/TR 14969:2004	ANSI/AAMI/ISO TIR14969:2004	Identical
ISO 14971:2007	ANSI/AAMI/ISO 14971:2007/(R)2010	Identical
ISO 15223-1:2007 and A1:2008	ANSI/AAMI/ISO 15223-1:2007 and A1:2008	Identical
ISO 15223-2:2010	ANSI/AAMI/ISO 15223-2:2010	Identical
ISO 15225:2010	ANSI/AAMI/ISO 15225:2010	Identical
ISO 15674:2009	ANSI/AAMI/ISO 15674:2009	Identical
ISO 15675:2009	ANSI/AAMI/ISO 15675:2009	Identical
ISO 15882:2008	ANSI/AAMI/ISO 15882:2008	Identical
ISO 15883-1:2006	ANSI/AAMI ST15883-1:2009	Major technical variations
ISO/TR 16142:2006	ANSI/AAMI/ISO TIR16142:2005	Identical
ISO 17664:2004	ANSI/AAMI ST81:2004	Major technical variations
ISO 17665-1:2006	ANSI/AAMI/ISO 17665-1:2006	Identical (with inclusions)
ISO/TS 17665-2:2009	ANSI/AAMI/ISO TIR17665-2:2009	Identical
ISO 18472:2006	ANSI/AAMI/ISO 18472:2006/(R)2010	Identical
ISO/TS 19218-1:2011	ANSI/AAMI/ISO TIR19218:2011	Identical
ISO 20857:2010	ANSI/AAMI/ISO 20857:2010	Identical
ISO 22442-1:2007	ANSI/AAMI/ISO 22442-1:2007	Identical
ISO 22442-2:2007	ANSI/AAMI/ISO 22442-2:2007	Identical
ISO 22442-3:2007	ANSI/AAMI/ISO 22442-3:2007	Identical
ISO/TR 22442-4:2010	ANSI/AAMI/ISO TIR22442-4:2010	Identical
ISO 23500:2011	ANSI/AAMI/ISO 23500:2011	Identical
ISO 25539-1:2003 and A1:2005	ANSI/AAMI/ISO 25539-1:2003/(R)2009 and A1:2005/(R)2009	Identical
ISO 25539-2:2008	ANSI/AAMI/ISO 25539-2:2008	Identical
ISO 26722:2009	ANSI/AAMI/ISO 26722:2009	Identical
ISO 27186:2010	ANSI/AAMI/ISO 27186:2010	Identical
ISO 80369-1:2010	ANSI/AAMI/ISO 80369-1:2010	Identical
ISO 81060-1:2007	ANSI/AAMI/ISO 81060-1:2007	Identical
ISO 81060-2:2009	ANSI/AAMI/ISO 81060-2:2009	Identical

Committee representation

Association for the Advancement of Medical Instrumentation

Renal Disease and Detoxification Committee

This Technical Information Report was developed by the AAMI Renal Disease and Detoxification Committee. Committee approval of the Technical Information Report does not necessarily imply that all committee members voted for its approval.

At the time this document was published, the **AAMI Renal Disease and Detoxification Committee** had the following members:

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Richard A. Ward, PhD

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Larry Alexander, Florian Services
James W. Baker, AmeriWater
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NOTE—Participation by federal agency representatives in the development of this recommended practice does not constitute endorsement by the federal government or any of its agencies.

Foreword

This technical information report was developed by the AAMI Renal Disease and Detoxification Committee. The objective is to provide dialysis practitioners with additional background information related to the recommendation made in ANSI/AAMI/ISO 23500:2011, *Guidance for the preparation and quality management of fluids for hemodialysis and related therapies*, that ultrapure dialysate should be used for routine hemodialysis.

As used within the context of this document, "should" indicates that among several possibilities one is recommended as particularly suitable without mentioning or excluding others, or that a certain course of action is preferred but not necessarily required, or that (in the negative form) a certain possibility or course of action should be avoided but not prohibited. "May" is used to indicate that a course of action is permissible within the limits of the TIR. "Can" is used as a statement of possibility and capability. "Must" is used only to describe "unavoidable" situations, including those mandated by government regulations..

Suggestions for improving this TIR are invited. Comments and suggested revisions should be sent to Technical Programs, AAMI, 4301 N. Fairfax Dr., Suite 301, Arlington, VA 22203-1633.

NOTE—This foreword does not contain provisions of AAMI TIR43:2011, *Ultrapure dialysate for hemodialysis and related therapies*, but it does provide important information about the development and intended use of the document.

Introduction: Need for this AAMI TIR

Hemodialysis patients are directly exposed to large volumes of dialysis fluid, with the dialyzer membrane being the only barrier against the transfer of hazardous contaminants from the dialysis fluid to the patient. It has long been known that there could be contaminants in dialysis fluid that are hazardous to patients. To minimize this hazard, ANSI/AAMI/ISO 11663, *Quality of dialysis fluid for hemodialysis and related therapies,* establishes quality requirements for dialysis fluid used in hemodialysis and related therapies. These quality requirements define two classes of dialysis fluid: standard dialysis fluid and ultrapure dialysis fluid. The maximum allowable levels of chemical contaminants are the same for both standard dialysis fluid and ultrapure dialysis fluid; however, they differ in the maximum allowable levels of microbial contaminants. According to ANSI/AAMI/ISO 23500, *Guidance for the preparation and quality management of fluids for hemodialysis and related therapies*, dialysis fluid complying with the requirements for standard dialysis fluid is the minimum quality acceptable for routine hemodialysis. However, it recommends that ultrapure dialysis fluid be used, even for routine hemodialysis. The recommendation is based on clinical and experimental observations that improving the microbiological purity of dialysis fluid is associated with reduced levels of inflammation and a reduction in morbidities associated with inflammation. These apparent advantages of ultrapure dialysis fluid might not be widely appreciated, and implementing the routine use of ultrapure dialysis fluid could require changes in dialysis unit practices. For these reasons, this Technical Information Report was developed to provide background information on ultrapure dialysis fluid, and to review strategies that could be helpful in implementing its routine use.

This Technical Information Report is directed at healthcare professionals involved in the management of dialysis facilities and the routine care of patients treated in dialysis facilities, because they are responsible for the final preparation of dialysis fluid.

Ultrapure dialysate for hemodialysis and related therapies

1 Scope

This Technical Information Report (TIR) addresses the preparation of ultrapure dialysate from water and concentrates and its use in performing hemodialysis and related therapies.

1.1 Inclusions

The Technical Information Report includes the definition of ultrapure dialysate, the rationale for its use, and some means by which it can be prepared.

1.2 Exclusions

This Technical Information Report does not cover peritoneal dialysis fluids or prepackaged fluids, such as those used in continuous renal replacement therapies (CRRT).

2 Definitions

For the purposes of this technical information report, the following definitions apply.

NOTE: Ultrapure dialysate is defined by the level of microbiological contamination. While chemical contaminants in the dialysate can harm patients, as yet there is no evidence to show that reducing their levels below those specified in ANSI/AAMI/ISO 13959, *Water for hemodialysis and related therapies,* for water used to prepare dialysate and concentrates improves patient outcomes. Therefore, this clause is limited to defining different levels of dialysate quality based on microbiological contaminants.

2.1 conventional dialysate

Conventional dialysate, also referred to as standard dialysate, is dialysate meeting the minimum acceptable quality requirements for hemodialysis. The International Organization for Standardization (ISO) recommends maximum allowable levels of 100 CFU/mL for total viable microbial count and 0.5 EU/mL for endotoxin (ISO 11663:2009). The United States adopted these recommendations in 2010. Standards in other countries and regions are more rigorous. For example, the limits recommended by the European Renal Association and the Japanese Society for Dialysis Therapy are 100 CFU/mL and 0.25 EU/mL, respectively, for total viable microbial count and endotoxin (European Renal Association, 2002; Kawanishi, et al., 2009).

NOTE Prior to 2010, the microbial quality of conventional dialysate in the United States was defined in ANSI/AAMI RD52:2004, *Dialysate for hemodialysis*. Those requirements specified a total viable microbial count lower than 200 CFU/mL and an endotoxin concentration lower than 2 EU/mL (AAMI, 2004).

Some standards include action levels for total viable microbial count and endotoxin in conventional dialysate. The purpose of action levels is to trigger a corrective action, such as disinfection and retesting, before levels of bacteria or endotoxin reach the maximum allowable level. The ISO and Japanese Society for Dialysis Therapy standards recommend setting action levels at 50 % of the maximum allowable level (ISO, 2009; Kawanishi, et al., 2009).

NOTE Prior to the adoption of ISO 11663 in 2010, recommended action levels in the United States were 50 CFU/mL and 1 EU/mL for the total viable microbial count and the endotoxin concentration, respectively (ANSI/AAMI, 2004).

2.2 ultrapure dialysate

Ultrapure dialysate refers to dialysate meeting more rigorous standards for microbiological quality than conventional dialysate. One widely used definition of ultrapure dialysate limits the total viable microbial count to less than 0.1 CFU/mL (100 CFU/L) and the endotoxin concentration to less than 0.03 EU/mL (Ledebo and Nystrand, 1999). This definition has been adopted by the European Renal Association (European Renal Association, 2002) and ISO (ISO, 2009). The Japanese Society for Dialysis Therapy recommends an even lower maximum allowable concentration for