
Abstract
Heparin is commonly administered during hemodialysis to prevent clotting in the extracorporeal circuit. The authors’ unit instituted a change in heparin type and preparation procedure based on patient safety and potential cost savings. Fifty patient charts were reviewed to determine whether the change affected specific patient outcomes. Economic impact measures included drug, supply, and labor costs. No changes in hemodialysis efficacy or rates of adverse events were observed. Annual cost savings were estimated to be $81,627 USD.