



# Modernize Your Approach to Renal Replacement Therapy for the Critically Ill

One intuitive solution for your most  
complex ICU patients.

**.Outset**

[outsetmedical.com](https://outsetmedical.com)

# Renal replacement therapy (RRT) teams are working toward important goals.



## **Drive positive outcomes for critically ill patients**

through greater focus on safety, more personalized treatment, and reliable delivery of care.



## **Ensure staff feel satisfied and empowered**

to create a positive care environment and reduce turnover.



## **Decrease costs and operational complexities**

by streamlining workflows, promoting unit cohesion and reducing length of stay.

# Many RRT teams find themselves facing the same big challenges.



## **A fragmented approach**

Relying on multiple platforms or outsourcing to third party services can leave healthcare professionals unable to meet patient needs.



## **Operational complexities**

The need to maintain and train staff to operate various dialysis platforms across the hospital is overwhelming.



## **Complex supply management**

Managing a disparate variety of supplies at varying costs adds layers of complexity.



## **Documentation burden**

Manually charting treatments in different systems increases the risk of errors and wastes time.



## **Outdated platforms**

Dialysis machines with little innovation lead to treatment limitations and workload burden.

## Why Standardized Dialysis?

# What if you could improve patient outcomes *and* reduce complexity for your team?

The key to minimizing burdens and driving better patient outcomes? **Standardizing the dialysis process in-house.**

Standardized dialysis platforms across the hospital provide the clinical versatility needed

to treat the full spectrum of patients, including the most critically ill.

With a standardized, in-house dialysis solution, RRT teams can cut through the web of chaos and provide better care to patients.



# Save ICU staff time with more efficient workflows and automation.



## Tablo simplifies your workflows to help support care for critically ill patients.

By eliminating the burdensome tasks that come with outdated dialysis technology, Tablo helps your team save time, feel more empowered, and deliver better patient care.

In a recent study<sup>1</sup>, ICU nurse productivity **increased by 50.2 hours per patient** after transitioning to an in-house Tablo program.

1. Nichols, T. G. et al. (2024) 'Intensive care unit improves dialysis care quality while reducing costs', Journal of Medical Economics, 27(1), pp. 797–799. doi: 10.1080/13696998.2024.2357038.

# Maximize staff efficiency and workflow.



With Tablo, it has saved us probably 20 to 30 minutes of just charting at the patient's bedside.

**Chelsea**

Acute Dialysis Nurse

## Fewer charting headaches

Integration with your EMR automates documentation, helps minimize error, and simplifies audit readiness.

## Easier staff onboarding

A user-friendly touchscreen guides caregivers through setup, treatment, and maintenance.



## Portable & flexible

Compact and mobile, with TabloCart for enhanced maneuverability across the hospital and optional prefiltration.

## Flexibility during treatment

Change prescription settings during treatment without interruption and automate saline flushes to mitigate clotting.

# Help support patient outcomes with the clinical versatility of Tablo.

Today, RRT in the ICU is prescribed for long periods of time on devices designed mostly for one therapy, then patients "drop" to IHD due to lack of options.

This inherent lack of flexibility can result in higher cost and complexity while limiting treatment capabilities.

With Tablo, you can deliver treatments **up to 24 hours** and incrementally decrease treatment time with **multiple modalities**, allowing you to wean patients effectively, schedule procedures, and get them up and moving sooner - potentially reducing the hemodynamic stress.

A [recent study](#)<sup>1</sup> demonstrated that converting from an outsourced conventional ICU dialysis program to an in-house PIRRT and sequential 24-hour program with Tablo improved dialysis care quality.

Reduced ICU  
**length of stay**



**4.8**

days  
in the overall cohort

Reduced ICU  
**mortality**



**9.8**

percentage  
points  
in the overall cohort

1. Nichols, T. G. et al. (2024) 'Intensive care unit improves dialysis care quality while reducing costs', Journal of Medical Economics, 27(1), pp. 797-799. doi: 10.1080/13696998.2024.2357038.

Ready to Modernize Your Approach?

# Need a better RRT solution? Ask yourself these questions.

How often do you have to **change filters due to clotting**?

Can you change the **prescription settings** for sodium, dialysate potassium, dialysate calcium, and total buffer during treatments **without interruption**?

How many **pre-mixed dialysate bags** do you waste due to prescription changes or ripped bags?

Is your cost per treatment for supplies **less than \$100** in the ICU?

Do you have the **ability to automate** switching from hemodialysis to ultrafiltration or vice versa?

If the answer to any of these questions is “no,” Outset Medical can help you modernize your approach to RRT.

[Get in Touch](#)





## **DISCLAIMERS:**

The Tablo® Hemodialysis System and TabloCart™ is indicated for use in patients with acute and/or chronic renal failure, with or without ultrafiltration, in an acute or chronic care facility. Treatments must be administered under physician's prescription and observed by a trained individual who is considered competent in the use of the device. The Tablo Hemodialysis System is also indicated for use in the home. Treatment types available include Intermittent Hemodialysis (IHD), Sustained Low Efficiency Dialysis (SLED/ SLEDD), Prolonged Intermittent Renal Replacement Therapy (PIRRT), and Isolated Ultrafiltration. This device is not indicated for continuous renal replacement therapy (CRRT) and is cleared for use for up to 24 hours. The dialysate generated by this device is not sterile and should not be used for intravenous (IV) infusion.