



ISO 23500-5

Preparation and quality management of fluids for haemodialysis and related therapies —

Part 5:
Quality of dialysis fluid for haemodialysis and related therapies

Préparation et management de la qualité des liquides d'hémodialyse et de thérapies annexes —

Partie 5: Qualité des liquides de dialyse pour hémodialyse et thérapies apparentées

**Second edition
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The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of ISO document should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

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This document was prepared by Technical Committee ISO/TC 150, *Implants for surgery*, Subcommittee SC 2, *Cardiovascular implants and extracorporeal systems*, in collaboration with the European Committee for Standardization (CEN) Technical Committee CEN/TC 205, *Non-active medical devices*, in accordance with the Agreement on technical cooperation between ISO and CEN (Vienna Agreement).

This second edition cancels and replaces the first edition (ISO 23500-5:2019), which has been technically revised.

The main changes are: alternatives to classic microbial analytical methods [endotoxin testing using rFC (tp)] have been incorporated.

A list of all parts of the ISO 23500 series can be found on the ISO website.

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

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Haemodialysis patients are directly exposed to large volumes of dialysis fluid, with the dialyser membrane being the only barrier against transfer of hazardous contaminants from the dialysis fluid to the patient. It has long been known that there can be hazardous contaminants in the water and concentrates used to prepare the dialysis fluid. To minimize this hazard, ISO 23500-3 and ISO 23500-4 set forth quality requirements for the water and concentrates used to prepare dialysis fluid. However, if the dialysis fluid is not prepared carefully, it can contain unacceptable levels of contaminants even though it is prepared from water and concentrates, conforming to the requirements of ISO 23500-3 and ISO 23500-4. Further, the dialysis fluid can be used as the starting material for the online preparation of fluids intended for infusion into the patient, for example, in therapies such as online haemodiafiltration. For these reasons, this document was developed to complement the existing International Standards for water and concentrates, ISO 23500-3 and ISO 23500-4, respectively. Guidelines to aid the user in routinely meeting the requirements of this document and ISO 23500-3 can be found in ISO 23500-1.

Within these International Standards, measurement techniques current at the time of preparation have been cited. Other standard methods can be used, provided that such methods have been appropriately validated and are comparable to the cited methods. The rationale for the development of this document is given in [Annex A](#).

This document reflects the conscientious efforts of healthcare professionals, patients and medical device manufacturers to develop recommendations for the quality of dialysis fluid. This document is applicable to healthcare professionals involved in the management of dialysis facilities and the routine care of patients treated in dialysis facilities, since they are responsible for the final preparation of dialysis fluid.

This document aims to help protect haemodialysis patients from adverse effects arising from known chemical and microbiological contaminants that can be found in improperly prepared dialysis fluid. However, the physician in charge of dialysis has the ultimate responsibility for ensuring that the dialysis fluid is correctly formulated and meets the applicable quality standards.

The concepts incorporated in this document should not be considered inflexible or static. The requirements and recommendations presented in this document should be reviewed periodically in order to assimilate increased understanding of the role of dialysis fluid purity in patient outcomes and technological developments.