

HA230 Related FAQ

1. What are the adsorption principles and the clinical applications of the HA230 hemoperfusion cartridge?

It mainly removes poisons and overdose drugs with a molecular weight of 500Da~10KDa or hydrophobic or high protein-binding properties^[1].

The clinical applications could be divided into poisons and drug overdose as listed below^[2-12] :


- Parquat poisoning, Acute severe organophosphate poisoning (ASOP), 2,4-Dinitrophenol, Snake venom, Mushroom poisoning, Abrin, Paroxetine, Thallium, Aconitine, etc.
- Methotrexate (MTX), Ticagrelor, Carbamazepine, Paroxetine, Amitriptyline, Digoxin, Acetaminophen, Imipramine, Amlodipine (CCBs), etc.

2. What is the recommended treatment scheme for HA230?

- The treatment should be initiated as early as possible (4-6 h from exposure to poison or drug, the therapy after 12 hours of the exposure is less effective).
- The recommended scheme is 3-5 cartridges for each patient, with a suggested duration of 3-4 hours for each cartridge and no more than 12 hours.
- Hemoperfusion should be carried out more frequently at the beginning (1-3 cartridges/day).
- The treatment frequency and duration could be adjusted according to the type of poison/drug and the patient's condition.

3. What are the expected benefits of using HA230 hemoperfusion?

According to the previous publications, hemoperfusion HA230 therapy could benefit on^[2,11,12]:

- Accelerate the elimination of poison and overdose drugs.
 - Stabilize the hemodynamic status.
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- Alleviate complications such as consciousness disorder, respiratory depression, coma, etc.
- Shorten hospitalization.
- Improve the survival.

4. What are the treatment modes for HA230 hemoperfusion cartridge?

HA230 could stand alone as single hemoperfusion or combined with HD or CRRT.

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Contraindications, warnings and precautions of the products, please refer to Instruction For Use.