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

Part 4:
**Concentrates for haemodialysis and
related therapies**

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

Partie 4: Concentrés pour hémodialyse et thérapies apparentées



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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

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 documents 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).

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights. Details of any patent rights identified during the development of the document will be in the Introduction and/or on the ISO list of patent declarations received (see www.iso.org/patents).

Any trade name used in this document is information given for the convenience of users and does not constitute an endorsement.

For an explanation of the voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT) see www.iso.org/iso/foreword.html.

This document was prepared by Technical Committee ISO/TC 150, *Implants for surgery*, Subcommittee SC 2, *Cardiovascular implants and extracorporeal systems*.

This first edition cancels and replaces ISO 13958:2014, which has been technically revised. The main changes compared to the previous edition are as follows:

- The document forms part of a revised and renumbered series dealing with the preparation and quality management of fluids for haemodialysis and related therapies. The series comprise ISO 23500-1 (previously ISO 23500), ISO 23500-2, (previously ISO 26722), ISO 23500-3, (previously ISO 13959), ISO 23500-4, (previously ISO 13958), and ISO 23500-5, (previously ISO 11663).

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.

Introduction

The requirements and goals established by this document will help ensure the effective, safe performance of haemodialysis concentrates and related materials. This document reflects the conscientious efforts of concerned physicians, clinical engineers, nurses, dialysis technicians and dialysis patients, in consultation with device manufacturers and regulatory agency representatives, to develop a standard for performance levels that could be reasonably achieved at the time of publication. The term “consensus” as applied to the development of voluntary medical device standards does not imply unanimity of opinion, but rather reflects the compromise necessary in some instances when a variety of interests shall be merged.

The rationale for the development of this document is given in informative [Annex A](#).

Throughout this document, requirements and recommendations are made to use ISO-quality water. Therefore, it is recommended to refer to ISO 23500-3 along with this document.

For the purpose of this document, “concentrates” are a mixture of chemicals and water, or chemicals in the form of dry powder or other highly concentrated media, which are delivered to the end user to make dialysis fluid used to perform haemodialysis and related therapies.

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

Part 4: Concentrates for haemodialysis and related therapies

1 Scope

This document specifies minimum requirements for concentrates used for haemodialysis and related therapies.

This document is addressed to the manufacturer of such concentrates. In several instances in this document, the dialysis fluid is addressed, which is made by the end user, to help clarify the requirements for manufacturing concentrates. Because the manufacturer of the concentrate does not have control over the final dialysis fluid, any reference to dialysis fluid is for clarification and is not a requirement of the manufacturer.

This document includes concentrates in both liquid and powder forms. It also includes additives, also called spikes, which are chemicals that can be added to the concentrate to supplement or increase the concentration of one or more of the existing ions in the concentrate and thus in the final dialysis fluid.

This document also specifies requirements for equipment used to mix acid and bicarbonate powders into concentrate at the user's facility.

Concentrates prepared from pre-packaged salts and water at a dialysis facility for use in that facility are excluded from the scope of this document. Although references to dialysis fluid appear herein, this document does not address dialysis fluid as made by the end user. This document also excludes requirements for the surveillance frequency of water purity used for the making of dialysis fluid by the dialysis facility. This document does not address bags of sterile dialysis fluid or sorbent dialysis fluid regeneration systems that regenerate and recirculate small volumes of the dialysis fluid.

This document does not cover the dialysis fluid that is used to clinically dialyse patients. Dialysis fluid is covered in ISO 23500-5. The making of dialysis fluid involves the proportioning of concentrate and water at the bedside or in a central dialysis fluid delivery system. Although the label requirements for dialysis fluid are placed on the labelling of the concentrate, it is the user's responsibility to ensure proper use.

This document does not cover haemodialysis equipment, which is addressed in IEC 60601-2-16:2012.

2 Normative references

The following documents are referred to in the text in such a way that some or all of their content constitutes requirements of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ISO 23500-1, *Preparation and quality management of fluids for haemodialysis and related therapies — Part 1: General requirements*

ISO 23500-3, *Preparation and quality management of fluids for haemodialysis and related therapies — Part 3: Water for haemodialysis and related therapies*

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*

IEC 60601-1, *Medical electrical equipment — Part 1: General requirements for basic safety and essential performance*

IEC 61010-1, *Safety requirements for electrical equipment for measurement, control, and laboratory use — Part 1: General requirements*

3 Terms and definitions

For the purposes of this document, the terms and definitions given in ISO 23500-1 and the following apply.

ISO and IEC maintain terminological databases for use in standardization at the following addresses:

- ISO Online browsing platform: available at <https://www.iso.org/obp>
- IEC Electropedia: available at <http://www.electropedia.org/>

3.1

batch system

apparatus in which the dialysis fluid is prepared in bulk before each dialysis session

Note 1 to entry: Dry sodium bicarbonate, without added sodium chloride, is also used in concentrate generators to produce a concentrated solution of sodium bicarbonate used by the dialysis machine to make dialysis fluid.

3.2

bicarbonate dialysis fluid

dialysis fluid containing physiological or higher concentrations of bicarbonate

3.3

concentrate mixer

mixer for preparation of dialysis concentrate for dialysis fluid at a dialysis facility

4 Requirements

4.1 Concentrates

4.1.1 Physical state

The concentrate for haemodialysis can be supplied in dry or aqueous form. Packaging can be for direct use with a single dialysis machine or for use in systems supplying multiple dialysis machines (bulk use).

4.1.1.1 Liquid solute concentrations

All electrolytes identified on the label shall be present within $\pm 5\%$ or $\pm 0,1$ mEq/l (expressed as dialysis fluid concentrations), whichever is greater, of the stated concentration, with the exception of sodium, which shall be present within $\pm 2,5\%$ of the labelled concentration or shall be present according to approved specifications by the local regulations. If used, glucose shall be present within $\pm 5\%$ or $\pm 0,05$ g/l (when measured as properly diluted dialysis fluid), whichever is greater, of the labelled concentration, or shall be present according to approved specifications by the local regulations. Where concentrates include non-traditional constituents, such as antioxidants and iron compounds, these constituents shall be present at nominal concentrations with $\pm 5\%$ tolerances or shall be present according to approved specifications by the local regulations. If alternate, locally approved tolerances are used, the tolerances shall be similarly stated and the rationale for their use documented.

Most concentrates are manufactured with standard traditional chemicals such as sodium chloride, potassium chloride, magnesium chloride, calcium chloride, acetic acid, and glucose. New concentrates are available which include additional chemicals or in which certain chemicals have been substituted by others; for example, citric acid has been substituted for acetic acid. Where this occurs, the labelling shall correctly reflect this and the substitute chemicals shall be present at nominal concentrations