(place patient label here)

Patient Name:_____

BENEFIS HEALTH SYSTEM

Benefis HOSPITALS

PROVIDER ORDERS

Order Set Directions:
- ➢ (√)- Check orders to activate; Orders with pre-checked box ☑ will be followed unless lined out.
- ➢ Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- ➢ Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type:_____

Continuous Renal Replacement Therapy (CRRT)   Version 5 Approved 11/14/19

No changes will be made to CRRT orders without prior authorization from nephrologist
All electrolyte administration must be authorized by nephrologist

Nursing Orders
- ☐ Stat
- ☐ Routine

Modality
- ☐ SCUF
- ☐ CVVH
- ☐ CVVHD
- ☐ CVVHDF

If filter clots after midnight, restart
- ☐ 08:00 am
- ☐ ASAP

Blood warmer set at
- ☐ 37 Degree C
- ☐ _____ Degree C (33 Degree C- 42 Degree C)

Hemofilter
- ☐ M100
- ☐ M150

Prime system with
- ☐ 5,000 units heparin/1L 0.9% NS
- ☐ 0.9% NS only (heparin contraindicated/HIT)

Net fluid removal rate
- ☐ _____ ml/hr (0-2L)
- ☐ Set machine fluid removal rate at _____ ml/hr_____
- ☐ Set machine fluid removal rate at _____ ml/hr_____

Blood flow rate
- ☐ _____ml/min (100-450 ml/min)

Dialysate flow rate
- ☐ _____ ml/hr

Initials_____

(place patient label here)

Patient Name: _____

BENEFIS HEALTH SYSTEM

Benefis
HOSPITALS

PROVIDER ORDERS

Order Set Directions:
- ➤ (√)- Check orders to activate; Orders with pre-checked box ☑ will be followed unless lined out.
- ➤ Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- ➤ Initial each page and Sign/Date/Time last page

Additional instructions
*NOTE: Maximum 8,000 ml/hr (Dialysate + Replacement + Pre-Blood Pump Flow cannot exceed < 8,000 ml/hr)

IV Fluids - Maintenance Specific Fluid
Dialysate Solution: Prismasol BGK
- ☐ Prismasol BGK0/2.5: 0 mEq K/2.5mEq Ca/1.5mEq Mg all per liter
- ☐ Prismasol BGK2/3.5: 2 mEq K/3.5mEq Ca/1.5mEq Mg all per liter
- ☐ Prismasol BGK4/2.5: 4 mEq K/2.5mEq Ca/1.5mEq Mg all per liter
   DIALYSATE=GREEN PORT

Replacement Fluid: Phoxillum BK 4/2.5
  Pre-Filter **PBP**
- ☐ Phoxillum BK 4/2.5: 4mEq K/2.5mEq Ca/1.5 mEq Mg/1 mMol Phosphate all per liter
- ☐ Prismasol BGK2/3.5: 2 mEq K/3.5mEq Ca/1.5mEq Mg all per liter
- ☐ Prismasol BGK4/2.5: 4 mEq K/2.5mEq Ca/1.5mEq Mg all per liter
- ☐ Replacement Flow Rate _____ ml/hr
   REPLACEMENT BAG = WHITE PORT

  Post-Filter (recommend at least 200 ml/hr)
- ☐ Phoxillum BK 4/2.5: 4mEq K/2.5mEq Ca/ 1.5 mEq Mg/1 mMol Phosphate all per liter
- ☐ Prismasol BGK2/3.5: 2 mEq K/3.5mEq Ca/1.5mEq Mg all per liter
- ☐ Prismasol BGK4/2.5: 4 mEq K/2.5mEq Ca/1.5mEq Mg all per liter
- ☐ Replacement Flow Rate _____ ml/hr
   REPLACEMENT BAG=PURPLE PORT

Medications
Anticoagulation
Heparin Sodium, porcine 20,000 units syringe IV AS DIRECTED
HEPARIN FOR CRRT
HIGH RISK MEDICATION-REQUIRES DOUBLE CHECK AND COSIGN
- ☐ Initial bolus _____ Units
- ☐ Infuse heparin at _____ units/hr
- ☐ Titrate by _____ units/hr to maintain target PTT range of _____ to _____

Electrolyte Replacement:
potassium chloride 40 mEq/100 mL IV piggy back
- ☐ 40 milliequivalent every 8 hours as needed for potassium < 3.5

potassium phosphate in NS 20 mmol/250 mL IV

Initials_____

(place patient label here)

Patient Name: _____

BENEFIS HEALTH SYSTEM

Benefis
HOSPITALS

PROVIDER ORDERS

Order Set Directions:
- (√)- Check orders to activate; Orders with pre-checked box ☑ will be followed unless lined out.
- Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- Initial each page and Sign/Date/Time last page

- ☐ 20 millimole every 8 hours as needed for phosphorus < 2.5

calcium gluconate 100 mg/mL (10%) IV
- ☐ 2,000 milligram every 8 hours as needed for ionized calcium < 0.95

magnesium sulfate 2 gram/50 mL IV piggy back
- ☐ 2 gram every 8 hours as needed for magnesium < 1.8

Laboratory
Call lab results if there are significant changes

Renal Function Panel [C]
- ☐ Morning Draw
- ☐ Every 8 hours

Magnesium
- ☐ Morning Draw
- ☐ Every 8 hours

Ionized Calcium
- ☐ Morning Draw
- ☐ Every 8 hours

CBC
- ☐ Morning Draw
- ☐ Every 8 hours

PT
- ☐ Morning Draw
- ☐ Every _____ hours

PTT
- ☐ Morning Draw
- ☐ Every _____ hours

Liver Panel
- ☐ Morning Draw
- ☐ Every 8 hours

Provider Signature:_____Date:_____Time:_____