**Continuous Renal Replacement Therapy (CRRT)**

**Version 2 Approved 06/21/2017**

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

***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

***Replacement fluid rate***

\_\_\_\_\_\_\_\_\_\_ ml/hr

Pre-filter "PBP" \_\_\_\_\_\_\_ ml/hr

Post-filter \_\_\_\_\_\_\_\_ ml/hr (recommend at least 200 ml/hr)

***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***

 Potassium Chloride\_\_\_\_\_meq/L

 Magnesium Sulfate\_\_\_\_\_meq/L

CRRT-Dialysate Soln-0 KCl/1 meq/L Mg (Prismasate BKO 3.5 meq Calcium)

\*\*\*DIALYSATE=GREEN PORT\*\*\*

***Replacement Fluid***

 Potassium Chloride\_\_\_\_\_meq/L

 Magnesium Sulfate\_\_\_\_\_meq/L

CRRT-Replacement Soln - 0 KCl/1.5 meq/L Mg (PrismaSol Replacmnt Fluid BGK 2.5meq Calcium)

\*\*\*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

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