

(place patient label here)

Patient Name: \_\_\_\_\_



**PROVIDER ORDERS**

**Order Set Directions:**

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Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

**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

Initials \_\_\_\_\_

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**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

Initials \_\_\_\_\_

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**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: \_\_\_\_\_