

(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 3

3/5/2019

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

Nursing Orders

- 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)

- Titrate blood warmer temperature to maintain normal body temperature
- Hemofilter M100
- Net fluid removal rate at _____ ml/hr (0-2L)
- Titrate fluid rate to maintain hemodynamic stability
- Set machine fluid removal rate at _____ ml/hr _____
- Blood flow rate at _____ ml/min (100-450 ml/min)
- Pre-filter "PBP" _____ ml/hr
- Post-filter _____ ml/hr (recommend at least 200 ml/hr)

Additional instructions

*NOTE: Dialysate + Replacement + Pre-Blood Pump Flow cannot exceed 8,000 ml/hr

Initials _____

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Prime system with

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

IV Fluids - Maintenance Specific Fluid

Dialysate Solution

- Potassium Chloride _____ meq/L
- Magnesium Sulfate _____ meq/L
- Dialysate flow rate at _____ ml/hr
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
- Replacement flow rate at _____ ml/hr
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

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Laboratory

Labs to be drawn every 8 hours

Renal Function Panel

- Every 8 hours

Magnesium Level

- Every 8 hours

Calcium, Ionized Level

- Every 8 hours

Basic Metabolic Panel

- Every 8 hours

Labs-Provider to Specify Priority

Basic Metabolic Panel

- Routine
 Morning Draw

Magnesium Level

- Routine
 Morning Draw

Calcium, Ionized Level

- Routine
 Morning Draw

Renal Function Panel

- Routine
 Morning Draw

CBC/Auto Diff

- Routine
 Morning Draw

PT

- Routine
 Morning Draw

PTT

- Routine
 Morning Draw

Liver Panel

- Routine
 Morning Draw

Provider Signature: _____ Date: _____ Time: _____