

Continuous Renal Replacement Therapy (CRRT) [4437]

Dialysate

Dialysate CRRT

<input type="checkbox"/> Dialysate CRRT	Routine, Continuous For 24 Hours NxStage RFP: Dialysate Flow Rate: Target NET Fluid Removal: Blood Flow Rate (mL/min):
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General

Protocols

RN will enter orders "Per Protocol"

<input checked="" type="checkbox"/> CRRT Electrolyte replacement protocol	Routine, Until discontinued, Starting S
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CRRT Anticoagulation (Single Response) (Selection Required)

ACD-A Citrate Continuous Infusion (Selection Required)

Anticoagulant Citrate Dextrose Solution A (ACA-A) Infusion (Selection Required)

<input type="checkbox"/> ACD-A infusion	150 mL/hr, extracorporeal, titrated Not for IV Use. For Extracorporeal Use ONLY. Must be given with calcium infusion.
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Calcium Chloride Infusion

<input type="checkbox"/> calcium chloride 4 g in sodium chloride 0.9% 250 mL infusion	4 g, intravenous, at 30 mL/hr, titrated IRRITANT. Infuse through Central Line only. Do not infuse in the same IV line as phosphate-containing solutions. Stop the infusion if patient complains of pain or discomfort. Infuse NO faster than 1 gm per hour. Protocol for patient on calcium drip. Includes calcium only.
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Titration Instructions for Calcium Drip:

If Ionized Calcium 0.8-0.89 mMol/L, Increase Calcium drip rate by 25 ml/hr AND give Calcium Chloride 1 gram IVPB through a central line
If Ionized Calcium 0.9-0.99 mMol/L, Increase Calcium drip rate by 20 ml/hr

If Ionized Calcium 1.00-1.03 mMol/L, Increase Calcium drip rate by 15 ml/hr

If Ionized Calcium 1.04-1.07 mMol/L, Increase Calcium drip rate by 10 ml/hr

If Ionized Calcium 1.08-1.14 mMol/L, Increase Calcium drip rate by 5 ml/hr

If Ionized Calcium 1.15-1.30 mMol/L, No change

If Ionized Calcium 1.31-1.35 mMol/L, Decrease Calcium drip rate by 5 ml/hr

If Ionized Calcium 1.36-1.40 mMol/L, Decrease Calcium drip rate by 10 ml/hr

If Ionized Calcium 1.41-1.50 mMol/L, Hold Calcium drip for 30 minutes and then decrease Calcium drip rate by 15 ml/hr

Heparin (Selection Required)

<input type="checkbox"/> heparin injection	extracorporeal, PRN, for filter clotting
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Prefilter CRRT Heparin Drip

Prefilter CRRT Heparin Drip

"Followed by" Linked Panel

<input type="checkbox"/> HEParin (porcine) injection	500 Units, extracorporeal Pre-filter in CRRT Circuit Only
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<input type="checkbox"/> HEParin 25,000 unit/500 mL (50 unit/mL)	extracorporeal, continuous Pre-filter in CRRT Circuit Only. Notify nephrologist for PTT GREATER THAN 60sec. Indication: Other Specify Indication: CRRT circuit anticoagulation Therapeutic Monitoring Target: PTT - Other Specify Target: No heparin titration or specified therapeutic PTT range
<input type="checkbox"/> Partial thromboplastin time, activated	AM draw repeats For 3 Occurrences
<input type="checkbox"/> CRRT Calcium Electrolyte replacement protocol	Routine, Until discontinued, Starting S Protocol for NON calcium drip patient. Includes calcium only.
() No Anticoagulation	
<input type="checkbox"/> CRRT Calcium Electrolyte replacement protocol	Routine, Until discontinued, Starting S Protocol for NON calcium drip patient. Includes calcium only.

Nursing

Notify

<input type="checkbox"/> Notify Nephrologist (Specify)	Routine, Until discontinued, Starting S
<input type="checkbox"/> Notify Nephrologist for (Specify lab)	Routine, Until discontinued, Starting S BUN greater than: Creatinine greater than: Glucose greater than: Glucose less than: Hct less than: Hgb less than: LDL greater than: Magnesium greater than (mg/dL): Magnesium less than (mg/dL): Platelets less than: Potassium greater than (mEq/L): Potassium less than (mEq/L): PT/INR greater than: PT/INR less than: PTT greater than: PTT less than: Serum Osmolality greater than: Serum Osmolality less than: Sodium greater than: Sodium less than: WBC greater than: WBC less than: Other Lab (Specify):

IV

IV Fluids (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % infusion	intravenous, continuous
<input type="checkbox"/> sodium chloride 0.45 % infusion	intravenous, continuous
<input type="checkbox"/> sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	intravenous, continuous
<input type="checkbox"/> sterile water 1000 mL with sodium bicarbonate 150 mEq/L	intravenous, continuous
<input type="checkbox"/> Custom IV Fluid	intravenous, continuous

New Pre-filter IV Fluids

<input type="checkbox"/> For Circuit Priming use - sodium chloride 0.9 %	500 mL, extracorporeal, once, For 1 Doses
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Priming

<input checked="" type="checkbox"/> For Circuit Priming use - sodium chloride 0.9 %	1,000 mL, extracorporeal, for 3 Minutes, once, For 1 Doses
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Medications

Phosphate PO (Single Response)

<input type="checkbox"/> potassium phosphate (monobasic) (K-PHOS) tablet	500 mg, oral, 2 times daily Administer only if patient is on CRRT. Hold for serum potassium >5 mEq/L or serum phosphorous >4.5 mg/dL.
<input type="checkbox"/> sod phos, K phos (PHOSPHA 250 NEUTRAL) 250 mg per tablet	1 tablet, oral, 2 times daily Administer only if patient is on CRRT. Hold for serum potassium >5 mEq/L or serum phosphorous >4.5 mg/dL.

VTE

Labs

Labs every 6 hours times 3

<input type="checkbox"/> BUN	Every 6 hours For 3 Occurrences
<input type="checkbox"/> Creatinine	Every 6 hours For 3 Occurrences
<input type="checkbox"/> Calcium	Every 6 hours For 3 Occurrences
<input type="checkbox"/> Ionized calcium	Every 6 hours For 3 Occurrences Keep at 1.1-1.2 mMol/Liter
<input type="checkbox"/> Magnesium	Every 6 hours For 3 Occurrences
<input type="checkbox"/> Phosphorus	Every 6 hours For 3 Occurrences
<input type="checkbox"/> Potassium	Every 6 hours For 3 Occurrences
<input type="checkbox"/> Sodium	Every 6 hours For 3 Occurrences
<input type="checkbox"/> Partial thromboplastin time	Every 6 hours For 3 Occurrences
<input type="checkbox"/> Hemoglobin and hematocrit	Every 6 hours For 3 Occurrences
<input type="checkbox"/> Platelet count	Every 6 hours For 3 Occurrences

Labs every 8 hours times 3

<input type="checkbox"/> BUN	Every 8 hours For 3 Occurrences
<input type="checkbox"/> Creatinine	Every 8 hours For 3 Occurrences
<input type="checkbox"/> Calcium	Every 8 hours For 3 Occurrences
<input type="checkbox"/> Ionized calcium	Every 8 hours For 3 Occurrences
<input type="checkbox"/> Magnesium	Every 8 hours For 3 Occurrences
<input type="checkbox"/> Phosphorus	Every 8 hours For 3 Occurrences
<input type="checkbox"/> Potassium	Every 8 hours For 3 Occurrences
<input type="checkbox"/> Sodium	Every 8 hours For 3 Occurrences
<input type="checkbox"/> Partial thromboplastin time	Every 8 hours For 3 Occurrences
<input type="checkbox"/> Hemoglobin and hematocrit	Every 8 hours For 3 Occurrences
<input type="checkbox"/> Platelet count	Every 8 hours For 3 Occurrences

Labs every 12 hours times 2

<input type="checkbox"/> BUN	Every 12 hours For 2 Occurrences
<input type="checkbox"/> Creatinine	Every 12 hours For 2 Occurrences
<input type="checkbox"/> Calcium	Every 12 hours For 2 Occurrences
<input type="checkbox"/> Ionized calcium	Every 12 hours For 2 Occurrences
<input type="checkbox"/> Magnesium	Every 12 hours For 2 Occurrences
<input type="checkbox"/> Phosphorus	Every 12 hours For 2 Occurrences
<input type="checkbox"/> Potassium	Every 12 hours For 2 Occurrences
<input type="checkbox"/> Sodium	Every 12 hours For 2 Occurrences
<input type="checkbox"/> Partial thromboplastin time	Every 12 hours For 2 Occurrences
<input type="checkbox"/> Hemoglobin and hematocrit	Every 12 hours For 2 Occurrences
<input type="checkbox"/> Platelet count	Every 12 hours For 2 Occurrences

Labs Tomorrow

<input type="checkbox"/> BUN	AM draw For 1 Occurrences
<input type="checkbox"/> Creatinine	AM draw For 1 Occurrences
<input type="checkbox"/> Calcium	AM draw For 1 Occurrences
<input type="checkbox"/> Ionized calcium	AM draw For 1 Occurrences

<input type="checkbox"/>	Magnesium	AM draw For 1 Occurrences
<input type="checkbox"/>	Phosphorus	AM draw For 1 Occurrences
<input type="checkbox"/>	Potassium	AM draw For 1 Occurrences
<input type="checkbox"/>	Sodium	AM draw For 1 Occurrences
<input type="checkbox"/>	Partial thromboplastin time	AM draw For 1 Occurrences
<input type="checkbox"/>	Hemoglobin and hematocrit	AM draw For 1 Occurrences
<input type="checkbox"/>	Platelet count	AM draw For 1 Occurrences
<input type="checkbox"/>	Blood gas, arterial	AM draw For 1 Occurrences

Cardiology

Diagnostic Imaging

Other Diagnostic Studies

Respiratory

Rehab

Consults

Pharmacy Consult

<input checked="" type="checkbox"/>	Pharmacy consult to manage dose adjustments for renal function	STAT, Until discontinued, Starting S Adjust dose for:
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