

UMC Health System CONTINUOUS RENAL REPLACEMENT THERAPY PLAN (CRRT)	Patient Label Here
PHYSICIAN ORDERS	
Diagnosis _____	
Weight _____	Allergies _____
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.	
ORDER	ORDER DETAILS
Patient Care	
	Daily Weight <input type="checkbox"/> Weigh patient via bed scale at start of procedure and every 24 hours.
	CRRT Treatment Type <input type="checkbox"/> CVVHD
	Recommended Blood Flow Rate is 200-350 mL/min Blood Flow Rate <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 100 mL/minute <input type="checkbox"/> 200 mL/minute <input type="checkbox"/> 300 mL/minute </div> <div> <input type="checkbox"/> 150 mL/minute <input type="checkbox"/> 250 mL/minute <input type="checkbox"/> 350 mL/minute </div> </div>
	Zero Fluid BALANCE
	NO Fluid REMOVAL <input type="checkbox"/> Set ultrafiltration rate to zero.
	Net Hourly Fluid Loss
	Net Hourly Fluid Gain
	Non-CRRT Fluid Balance <input type="checkbox"/> CRRT Fluid Balance: Include All Patient Intake and Output <input type="checkbox"/> CRRT Fluid Balance: Only Vascular Intake and UF Output <input type="checkbox"/> CRRT Fluid Balance: Other
Communication	
	Notify Provider (Misc) <input type="checkbox"/> Reason: Significant change in ultrafiltration, bleeding, or change in vital parameter trends.
	Notify Provider (Misc) <input type="checkbox"/> Reason: Platelet count decreases by more than 50% from baseline AND/OR Hemoglobin dropped by 2gm/dL.
IV Solutions	
Dialysate	
	PrismaSATE BK 0/3.5 <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> CRRT, 1,500 mL/hr <input type="checkbox"/> CRRT, 2,500 mL/hr <input type="checkbox"/> CRRT, 3,500 mL/hr </div> <div> <input type="checkbox"/> CRRT, 2,000 mL/hr <input type="checkbox"/> CRRT, 3,000 mL/hr <input type="checkbox"/> CRRT, 4,000 mL/hr </div> </div>
	PrismaSOL BGK 2/3.5 <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> CRRT, 1,500 mL/hr <input type="checkbox"/> CRRT, 2,500 mL/hr <input type="checkbox"/> CRRT, 3,500 mL/hr </div> <div> <input type="checkbox"/> CRRT, 2,000 mL/hr <input type="checkbox"/> CRRT, 3,000 mL/hr <input type="checkbox"/> CRRT, 4,000 mL/hr </div> </div>

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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ORDER	ORDER DETAILS
	PrismaSATE BGK 4/2.5 <input type="checkbox"/> CRRT, 1,500 mL/hr <input type="checkbox"/> CRRT, 2,500 mL/hr <input type="checkbox"/> CRRT, 3,500 mL/hr <input type="checkbox"/> CRRT, 2,000 mL/hr <input type="checkbox"/> CRRT, 3,000 mL/hr <input type="checkbox"/> CRRT, 4,000 mL/hr
Anticoagulation	
	CRRT Sliding Scale for ACDA and Calcium (CRRT Sliding Scale for ACDA and Calcium Infusion)
	Infuse ACDA via prefilter injection port at 2.5% of HOURLY Blood Flow Rate (Usual Rate: 220 mL/hr) anticoagulant citrate dextrose formula A <input type="checkbox"/> CRRT, mL/hr
	Infuse calcium solution via separate central access at 33% of ACDA rate. (Usual Rate: 75 mL/hr) calcium chloride 8 g/1000 mL NS <input type="checkbox"/> CRRT, mL/hr <input type="checkbox"/> 8 g, Every Bag
Medications	
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	heparin <input type="checkbox"/> 1,000 units, IVPush, inj, ONE TIME For heparin locking catheter when not in use
Laboratory	
	Blood to be drawn from patient and post filter, NOT dialysis lines Regional Citrate Anticoagulation Laborat (Regional Citrate Anticoagulation Laboratory Guidelines) <input type="checkbox"/> ***See Reference Text for labs to be placed by Nursing***
	CRRT Laboratory Guidelines <input type="checkbox"/> ***See Reference Text***
Serial Labs	
	Renal Function Panel <input type="checkbox"/> Routine, T;N, q4h
	Magnesium Level <input type="checkbox"/> Routine, T;N, q6h
Daily Labs	
	CBC <input type="checkbox"/> Routine, T;N, Every AM
	Basic Metabolic Panel (BMP) <input type="checkbox"/> Routine, T;N, Every AM
	Magnesium Level <input type="checkbox"/> Routine, T;N, Every AM
	Phosphorus Level <input type="checkbox"/> Routine, T;N, Every AM

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