**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
  
  □ Weigh patient via bed scale at start of procedure and every 24 hours.

### CRRT Treatment Type
- □ CVVHD

***Recommended Blood Flow Rate is 200-350 mL/min***

**Blood Flow Rate**

<table>
<thead>
<tr>
<th>Option</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 mL/minute</td>
<td>150 mL/minute</td>
</tr>
<tr>
<td>200 mL/minute</td>
<td>250 mL/minute</td>
</tr>
<tr>
<td>300 mL/minute</td>
<td>350 mL/minute</td>
</tr>
</tbody>
</table>

### Zero Fluid BALANCE
- □ NO Fluid REMOVAL
  
  □ Set ultrafiltration rate to zero.

### Net Hourly Fluid Loss

### Net Hourly Fluid Gain

### Non-CRRT Fluid Balance
- □ CRRT Fluid Balance: Include All Patient Intake and Output
- □ CRRT Fluid Balance: Only Vascular Intake and UF Output
- □ CRRT Fluid Balance: Other

### Communication
- □ Notify Provider (Misc)
  
  Reason: Significant change in ultrafiltration, bleeding, or change in vital parameter trends.

- □ Notify Provider (Misc)
  
  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
  
  □ CRRT, 1,500 mL/hr
  
  □ CRRT, 2,500 mL/hr
  
  □ CRRT, 3,500 mL/hr

- □ PrismaSOL BGK 2/3.5
  
  □ CRRT, 1,500 mL/hr
  
  □ CRRT, 2,500 mL/hr
  
  □ CRRT, 3,500 mL/hr

### TO

□ TO

□ Read Back

□ Scanned Powerchart

□ Scanned PharmScan

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**PHYSICIAN ORDERS**

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<table>
<thead>
<tr>
<th>ORDER DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PrismaSATE BGK 4/2.5</td>
</tr>
<tr>
<td>CRRT, 1,500 mL/hr</td>
</tr>
<tr>
<td>CRRT, 2,500 mL/hr</td>
</tr>
<tr>
<td>CRRT, 3,500 mL/hr</td>
</tr>
</tbody>
</table>

**Anticoagulation**

- **Infuse ACDA via prefilter injection port at 2.5% of HOURLY Blood Flow Rate (Usual Rate: 220 mL/hr)**
- **Infuse calcium solution via separate central access at 33% of ACDA rate. (Usual Rate: 75 mL/hr)**

**Medications**

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

- **Heparin flush**: 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)**
  - See Reference Text for labs to be placed by Nursing

**Serial Labs**

- **Renal Function Panel**: Routine, T;N, q4h
- **Magnesium Level**: Routine, T;N, q6h

**Daily Labs**

- **CBC**: Routine, T;N, Every AM
- **Basic Metabolic Panel (BMP)**: Routine, T;N, Every AM
- **Magnesium Level**: Routine, T;N, Every AM
- **Phosphorus Level**: Routine, T;N, Every AM

Order Taken by Signature: ____________________________ Date ____________________________ Time ____________________________

Physician Signature: ____________________________ Date ____________________________ Time ____________________________

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