

# Entering CRRT Orders in Power Chart No Anticoagulation

Use these orders for no anticoagulation (using predilution for filter anticoagulation).

Use these orders for patients who are receiving therapeutic systemic anticoagulation with no additional heparin via CRRT circuit.

8/23/2020

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Search: CRRT Type: Inpatient

CRRT Citrate Prescription VH  
 CRRT Heparin Prescription VH  
 CRRT No/Other Anticoagulant Prescription VH  
 CRRT - EPH - Continuous Renal Replacement Therapy (CRRT) Heparin  
 CRRT - EPH - Continuous Renal Replacement Therapy (CRRT) No Anticoagulation or Other Anticoagulation  
 CRRT - EPH - Continuous Renal Replacement Therapy (CRRT) Citrate (VH)  
 BLOOD TRANSFUSION - Cryoprecipitate (CRY) - Full Protocol  
 BLOOD TRANSFUSION - Cryoprecipitate (CRY) - Product Only  
 carboprost  
 carboprost (250 mcg, injection, IM, ONCE)  
 CardioRespiratory Monitoring (Peds)  
 Carotid.Serum (F3T)  
 CORNERSTONE  
 Convert  
 Convert (0.01 mg/kg, injection, IV, ONCE, infuse over 10 min)  
 Diagnostic Search  
 Diagnostic Cardiology  
 ED/UCC Orders  
 Diet  
 Discharge Planning  
 Geriatric Outreach  
 Health Records  
 Infection Control  
 IV Solutions  
 IV Therapy  
 Laboratory  
 Medical Imaging  
 Miscellaneous  
 Molecular Diagnostics  
 Multidisciplinary Cancer Conference Referrals  
 Music Therapy  
 Nursing Orders  
 Nephrology  
 Nutrition Services

Therapy  
 ic Testing  
 ED SVS Demo Only  
 Dialysis Medication Favourites Ambulatory

For new orders, always choose the appropriate **Power Plan**. The Power Plan includes the CRRT prescription plus the relevant labwork, nursing instructions and medication orders.

Use the **stand-alone orders** if you want to make a change to an existing prescription only.

If you want to change a prescription (e.g. from heparin to no anticoagulation), discontinue the old Power Plan and initiate the appropriate new Power Plan.

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These are the orders within the No Anticoagulation Power Plan. Note that the prescription (first order requiring details) is contained within the Power Plan along with the labwork, nursing instructions and medication orders.

You need to **initiate** this Power Plan **first** to activate the orders. The No Anticoagulation prescription Power Form will automatically launch as soon as you choose initiate.

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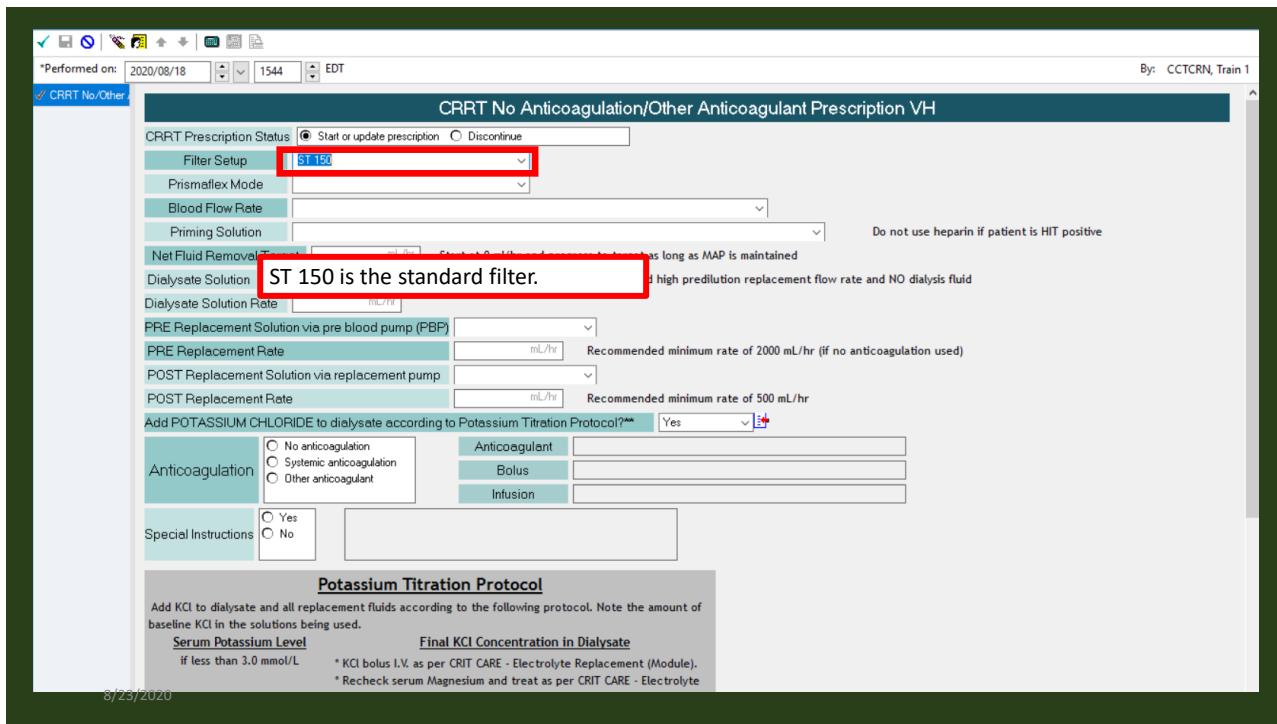
This Power Form launches automatically once you select initiate order.

CRRT Prescription Status:  Start or update prescription  Discontinue

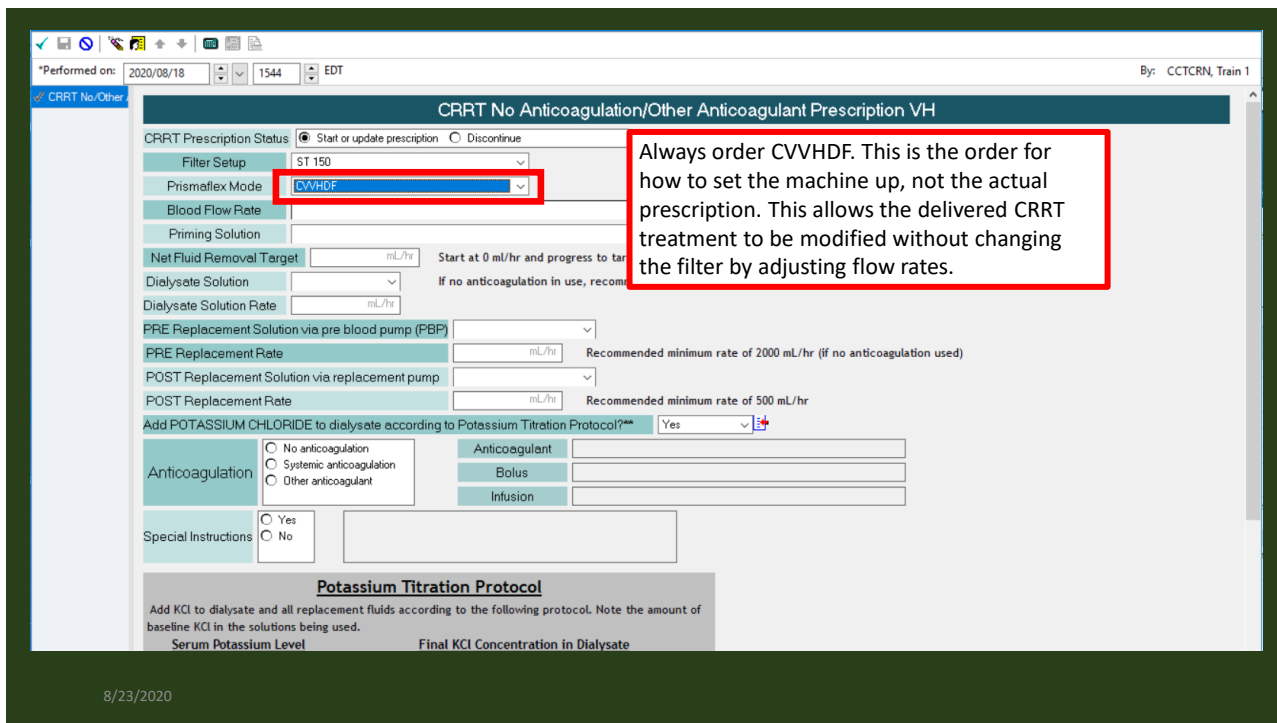
Choose start or update prescription. If the patient has a previous prescription, it will automatically populate the fields. You will have to modify carefully to make sure the prescription is still correct.

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Performed on: 2020/08/18 1654 EDT By: Morgan, Brenda (RN)

CRRT No Anticoagulation/Other Anticoagulant Prescription VH

CRRT Prescription Status  Start or update prescription  Discontinue

Filter Setup ST 150

Prismaflex Mode CVHDF

Blood Flow Rate Target Blood flow 250-300 mL/min; increase to target within first minute of initiation

Priming Solution

Net Fluid Removal Target

Dialysate Solution

Dialysate Solution Rate

PRE Replacement Rate

PRE Replacement Rate

POST Replacement Rate

POST Replacement Rate

Anticoagulation  No anticoagulation  Systemic anticoagulation  Other anticoagulant

Anticoagulant

Bolus

Infusion

Special Instructions  Yes  No

**Potassium Titration Protocol**

Add KCl to dialysate and all replacement fluids according to the following protocol. Note the amount of baseline KCl in the solutions being used.

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Rapidly increasing the blood flow at the start of treatment reduces clotting. Nurses may need to adjust the blood flow to keep access or return pressures within the acceptable range. For no anticoagulation or heparin, we strive to get blood flow 250 – 300 ml/min within minutes of starting treatment.

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Performed on: 2020/08/18 1657 EDT By: Morgan, Brenda (RN)

CRRT No Anticoagulation/Other Anticoagulant Prescription VH

CRRT Prescription Status  Start or update prescription  Discontinue

Filter Setup ST 150

Prismaflex Mode CVHDF

Blood Flow Rate Target Blood flow 250-300 mL/min; increase to target within first minute of initiation

Priming Solution

Net Fluid Removal Target

Dialysate Solution

Dialysate Solution Rate

PRE Replacement Rate

PRE Replacement Rate

POST Replacement Rate

POST Replacement Rate

Anticoagulation  No anticoagulation  Systemic anticoagulation  Other anticoagulant

Anticoagulant

Bolus

Infusion

Special Instructions  Yes  No

**Potassium Titration Protocol**

Add KCl to dialysate and all replacement fluids according to the following protocol. Note the amount of baseline KCl in the solutions being used.

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5,000 units of heparin sodium in 1 litre of 0.9% sodium chloride then prime with 1 litre of 0.9% sodium chloride

Prime with heparin (even if anticoagulation is contraindicated due to bleeding), UNLESS there is a concern of HIT/allergy. The heparin adheres to the filter but is rinsed out of the circuit with the second prime. This reduces filter clotting even when no anticoagulation is being used.

The patient does not receive a heparin bolus when using an ST 150 filter as this filter requires a 2 L prime. If using a smaller filter such as an ST 100 (rarely used in adults now), a heparin bolus would be given as this filter requires a single prime.

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\*Performed on: 2020/08/18 1657 EDT By: Morgan, Brenda (RN)

CRRT No Anticoagulation/Other Anticoagulant Prescription VH

CRRT Prescription Status  Start or update prescription  Discontinue

Filter Setup ST 150

Prismaflex Mode CVVHDF

Blood Flow Rate Target Blood flow 250-300 mL/min; increase to target within first minute of initiation

Priming Solution 5,000 units of heparin sodium in 1 litre of 0.9% sodium chloride then reprime with 1 litre of 0.9% sodium chloride Do not use heparin if patient is HIT positive

Net Fluid Removal Target 100 mL/hr Start at 0 mL/hr and progress to target as long as MAP is maintained

Dialysate Solution  Dialysis fluid

Dialysate Solution Rate

PRE Replacement Solution

PRE Replacement Rate  mL/hr Recommended minimum rate of 2000 mL/hr (if no anticoagulation used)

POST Replacement Solution via replacement pump

POST Replacement Rate  mL/hr Recommended minimum rate of 500 mL/hr

Add POTASSIUM CHLORIDE to dialysate according to Potassium Titration Protocol?  Yes  No

Anticoagulation  No anticoagulation  Systemic anticoagulation  Other anticoagulant

Anticoagulant

Bolus

Infusion

Special Instructions  Yes  No

**Potassium Titration Protocol**

Add KCl to dialysate and all replacement fluids according to the following protocol. Note the amount of baseline KCl in the solutions being used.

Serum Potassium Level	Final KCl Concentration in Dialysate
if less than 3.0 mmol/L	* KCl bolus I.V. as per CRIT CARE - Electrolyte Replacement (Module).

8/23/2020

Enter desired net fluid removal. Nurses will start at 0 and then attempt to achieve this target based on hemodynamic stability.

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\*Performed on: 2020/08/18 1657 EDT By: Morgan, Brenda (RN)

CRRT No Anticoagulation/Other Anticoagulant Prescription VH

CRRT Prescription Status  Start or update prescription  Discontinue

Filter Setup ST 150

Prismaflex Mode CVVHDF

Blood Flow Rate Target Blood flow 250-300 mL/min

Priming Solution 5,000 units of heparin sodium in 1 litre of 0.9% sodium chloride

Net Fluid Removal Target 100 mL/hr

Dialysate Solution

Dialysate Solution Rate

PRE Replacement Solution via pre blood pump (PBP)

PRE Replacement Rate

POST Replacement Solution via replacement pump

POST Replacement Rate

Add POTASSIUM CHLORIDE to dialysate according to Potassium Titration Protocol?  Yes  No

Anticoagulation  No anticoagulation  Systemic anticoagulation  Other anticoagulant

Anticoagulant

Bolus

Infusion

Special Instructions  Yes  No

**Potassium Titration Protocol**

Add KCl to dialysate and all replacement fluids according to the following protocol. Note the amount of baseline KCl in the solutions being used.

Serum Potassium Level	Final KCl Concentration in Dialysate
if less than 3.0 mmol/L	* KCl bolus I.V. as per CRIT CARE - Electrolyte Replacement (Module).

8/23/2020

Choose PrismaSol 4 if potassium is < 5.7. Choose PrismaSol 0 if potassium is 5.7 or higher. Potassium will generally fall after the first hour of CRRT; if potassium remains higher than the concentration in the replacement fluid, look for other causes for hyperkalemia than renal failure.

Regardless of the solution ordered, nurses change back and forth as needed to achieve the desired final potassium concentration per protocol, or to manage available supply. The concentration of sodium (140 mmol/L) and bicarbonate (32 mmol/L) is the same between solutions.

BLOOD SUGAR and insulin infusions need to be monitored closely when switching between solutions because PrismaSol 4 contains glucose 6.1 mmol/L but PrismaSol 0 contains zero.

PrismaSOL 0 may cause hypoglycemia or normoglycemia (consider DKA for patients with unexplained anion gap acidosis when PrismaSol 0 is in use).

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BEFORE RECONSTITUTION		Prisma SOL 0		Prisma SOL 4		Prism OCAL	
Each 1000 mL contains							
<b>Compartment A</b>							
Sodium bicarbonate						58.8 g	
Magnesium chloride, hexahydrate		2.033 g		2.036 g			
Lactic acid		5.4 g		5.4 g			
Calcium chloride dihydrate		5.145 g		5.148 g			
Glucose anhydrous				24.2 g			
<b>Compartment B</b>							
Lactic acid						0.284 g	
Magnesium chloride, hexahydrate						0.108 g	
Sodium chloride		6.45 g		6.45 g		6.449 g	
Sodium bicarbonate		3.09 g		3.09 g			
Potassium chloride				0.314 g			

AFTER RECONSTITUTION		Prisma SOL 0		Prisma SOL 4		Prism OCAL	
		mmol/L		mEq/L		mmol/L	
Calcium	Ca <sup>2+</sup>	1.75	3.50	1.75	3.50		
Magnesium	Mg <sup>2+</sup>	0.5	1.0	0.5	1.0	0.5	1.0
Sodium	Na <sup>+</sup>	140	140	140	140	140	140
Chloride	Cl <sup>-</sup>	109.5	109.5	113.5	113.5	106	106
Lactate		3.0	3.0	3.0	3.0	3.0	3.0
Bicarbonate	HCO <sub>3</sub> <sup>-</sup>	32	32	32	32	32	32
Potassium	K <sup>+</sup>	0	0	4.0	4.0	0	0
Glucose		0	0	6.1		0	0

8/23/2020

These are the 3 solutions that are stocked in CCTC. The two used for No Anticoagulation or Heparin are highlighted.

Prism OCAL is a calcium free product used only with citrate. Note that all 3 solutions contain the same final concentration of bicarbonate and sodium. They all contain 3 mmol/L of lactate which is added for pH adjustment; the lactate is metabolized to bicarbonate. Potassium is added by the nurse to achieve a minimum concentration of 2 mmol/L by protocol.

Each 5 L bag is divided into 2 compartments (250 mL upper and 4750 lower compartments). These must be mixed together at the time the solution is hung (stability is only 24 hours once mixed).

Refer to the "AFTER RECONSTITUTION" for the final concentration of electrolytes.

Failure to break the seal between the bags will change the concentration to that of the lower compartment only. The machine will also enter an alarm mode, potentially drawing in air from the bag as it assumes there is 5 L on the scale (but only 4750 is accessible).

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Performed on: 2020/08/18 1657 EDT By: Morgan, Brenda (RN)

**CRRT No Anticoagulation/Other Anticoagulant Prescription VH**

CRRT Prescription Status:  Start or update prescription  Discontinue

Filter Setup: ST 150

Prismeflex Mode: CVVHDF

Blood Flow Rate: Target Blood flow 250-300 mL/min; increase to target within first minute of initiation

Priming Solution: 5,000 units of heparin sodium in 1 litre of 0.9% sodium chloride then reprime with 1 litre of 0.9% sodium chloride Do not use heparin if patient is HIT positive

Net Fluid Removal Target: 100 mL/hr Start at 0 mL/hr and progress to target as long as MAP is maintained

Dialysate Solution: PrismaSol 4 If no anticoagulation in use, recommend high predilution replacement flow rate and NO dialysis fluid

Dialysate Solution Rate: 0 mL/hr

PRE Replacement Solution:  mL/hr

POST Replacement Solution:  mL/hr

POST Replacement Rate:  mL/hr

Add POTASSIUM CHLORIDE:  mEq/L

Anticoagulation:  mL/hr

Special Instructions:

**Potassium Titration Protocol**

Add KCl to dialysate and all replacement fluids according to the following protocol. Note the amount of baseline KCl in the solutions being used.

When running no anticoagulation, the default setting when using no anticoagulation is "0". This makes the actual delivered treatment CVVHF. You can add a dialysis flow rate after treatment begins if necessary (which will change the delivered treatment to CVVHDF).

Add a dialysis flow rate if you cannot achieve adequate clearance with the standard pre and post dilution flow rates.

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\*Performed on: 2020/08/18 1657 EDT By: Morgan, Brenda (RN)

CRRT No Anticoagulation/Other Anticoagulant Prescription VH

CRRT Prescription Status:  Start or update prescription  Discontinue

Filter Setup: ST 150

Prismeflex Mode: CVVHDF

Blood Flow Rate: Target Blood flow 250-300 mL/min; increase to target within first minute of initiation

Priming Solution: 5,000 units of heparin sodium in 1 litre of 0.9% sodium chloride then reprime with 1 litre of 0.9% sodium chloride Do not use heparin if patient is HIT positive

Net Fluid Removal Target: 100 mL/hr Start at 0 mL/hr and progress to target as long as MAP is maintained

Dialysate Solution: PrismaSol 4 If no anticoagulation in use, recommend high predilution replacement flow rate and NO dialysis fluid

Dialysate Solution Rate: 0 mL/hr

PRE Replacement Solution via pre blood pump (PBP): PrismaSol 4

PRE Replacement Rate: PrismaSol 4

POST Replacement Solution via replacement pump: [ ] mL/hr

POST Replacement Rate: [ ] mL/hr Recommended minimum rate of 500 mL/hr

Add POTASSIUM CHLORIDE to dialysate according to Potassium Titration Protocol?  Yes  No

Anticoagulation:  No anticoagulation  Systemic anticoagulation  Other anticoagulant

Anticoagulant: [ ]

Bolus: [ ]

Infusion: [ ]

Special Instructions:  Yes  No

**Potassium Titration Protocol**

Add KCl to dialysate and all replacement fluids according to the following protocol. Note the amount of baseline KCl in the solutions being used.

Serum Potassium Level	Final KCl Concentration in Dialysate
if less than 3.0 mmol/L	* KCl bolus I.V. as per CRIT CARE - Electrolyte Replacement (Module).

8/23/2020

We use the same solution on all pumps when running No Anticoagulation to reduce risk for error

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\*Performed on: 2020/08/18 1657 EDT By: Morgan, Brenda (RN)

CRRT No Anticoagulation/Other Anticoagulant Prescription VH

CRRT Prescription Status:  Start or update prescription  Discontinue

Filter Setup: ST 150

Prismeflex Mode: CVVHDF

Blood Flow Rate: Target Blood flow 250-300 mL/min; increase to target within first minute of initiation

Priming Solution: 5,000 units of heparin sodium in 1 litre of 0.9% sodium chloride then reprime with 1 litre of 0.9% sodium chloride Do not use heparin if patient is HIT positive

Net Fluid Removal Target: 100 mL/hr Start at 0 mL/hr and progress to target as long as MAP is maintained

Dialysate Solution: PrismaSol 4 If no anticoagulation in use, recommend high predilution replacement flow rate and NO dialysis fluid

Dialysate Solution Rate: 0 mL/hr

PRE Replacement Solution via pre blood pump (PBP): PrismaSol 4

PRE Replacement Rate: 2000 mL/hr Recommended minimum rate of 2000 mL/hr (if no anticoagulation used)

POST Replacement Solution via replacement pump: [ ] mL/hr

POST Replacement Rate: [ ] mL/hr

Add POTASSIUM CHLORIDE to dialysate according to Potassium Titration Protocol?  Yes  No

Anticoagulation:  No anticoagulation  Systemic anticoagulation  Other anticoagulant

Anticoagulant: [ ]

Bolus: [ ]

Infusion: [ ]

Special Instructions: [ ]

**Potassium Titration Protocol**

Add KCl to dialysate and all replacement fluids according to the following protocol. Note the amount of baseline KCl in the solutions being used.

Serum Potassium Level	Final KCl Concentration in Dialysate
if less than 3.0 mmol/L	* KCl bolus I.V. as per CRIT CARE - Electrolyte Replacement (Module).

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Our standard flow rate is 2000 ml/hr. This provides adequate clearance and filter dilution with a delivered prescription dose > 25 ml/kg in most patients.

Higher predilution flow rates do not necessarily improve filter life by increased dilution. Because fluid must be pulled across the filter membrane at a rate equal to the pre plus post dilution plus fluid removal volumes, higher hemofiltration rates may fatigue the filter prematurely. If higher clearance is needed, add the additional clearance in the form of some hemodialysis flow (e.g., 500 or 1000 ml/hr).

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\*Performed on: 2020/08/18 1657 EDT By: Morgan, Brenda (RN)

CRRT No. Other

### CRRT No Anticoagulation/Other Anticoagulant Prescription VH

CRRT Prescription Status:  Start or update prescription  Discontinue

Filter Setup: ST 150

Prismaflex Mode: CVVHDF

Blood Flow Rate: Target Blood flow 250-300 mL/min; increase to target within first minute of initiation

Priming Solution: 5,000 units of heparin sodium in 1 litre of 0.9% sodium chloride then reprime with 1 litre of 0.9% sodium chloride Do not use heparin if patient is HIT positive

Net Fluid Removal Target: 100 mL/hr Start at 0 mL/hr and progress to target as long as MAP is maintained

Dialysate Solution: PrismaSol 4 If no anticoagulation in use, recommend high predilution replacement flow rate and NO dialysis fluid

Dialysate Solution Rate: 0 mL/hr

PRE Replacement Solution via pre blood pump (PBP): PrismaSol 4

PRE Replacement Rate: 2,000 mL/hr Recommended minimum rate of 2000 mL/hr (if no anticoagulation used)

POST Replacement Solution via replacement pump: PrismaSol 4

POST Replacement Rate: 500 mL/hr Recommended minimum rate of 500 mL/hr

Add POTASSIUM CHLORIDE to dialysate according to Potassium Titration Protocol? Yes

Anticoagulation:  No anticoagulation  Systemic anticoagulation  Other anticoagulant

Special Instructions:  Yes  No

Potassium Titration Protocol

8/23/2020

We use the same solution on all 3 pumps to reduce risk for error

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\*Performed on: 2020/08/18 1657 EDT By: Morgan, Brenda (RN)

CRRT No. Other

### CRRT No Anticoagulation/Other Anticoagulant Prescription VH

CRRT Prescription Status:  Start or update prescription  Discontinue

Filter Setup: ST 150

Prismaflex Mode: CVVHDF

Blood Flow Rate: Target Blood flow 250-300 mL/min; increase to target within first minute of initiation

Priming Solution: 5,000 units of heparin sodium in 1 litre of 0.9% sodium chloride then reprime with 1 litre of 0.9% sodium chloride Do not use heparin if patient is HIT positive

Net Fluid Removal Target: 100 mL/hr Start at 0 mL/hr and progress to target as long as MAP is maintained

Dialysate Solution: PrismaSol 4 If no anticoagulation in use, recommend high predilution replacement flow rate and NO dialysis fluid

Dialysate Solution Rate: 0 mL/hr

PRE Replacement Solution via pre blood pump (PBP): PrismaSol 4

PRE Replacement Rate: 2,000 mL/hr Recommended minimum rate of 2000 mL/hr (if no anticoagulation used)

POST Replacement Solution via replacement pump: PrismaSol 4

POST Replacement Rate: 500 mL/hr Recommended minimum rate of 500 mL/hr

Add POTASSIUM CHLORIDE to dialysate according to Potassium Titration Protocol? Yes

Anticoagulation:  No anticoagulation  Systemic anticoagulation  Other anticoagulant

Special Instructions:  Yes  No

Potassium Titration Protocol

Add KCl to dialysate and all replacement fluids according to the following protocol. Note the amount of

8/23/2020

We always need some post dilution replacement, only for the prevention of clotting in the deaeration chamber. Historically, 200-250 ml was always sufficient but we are currently using 500 ml to try and prevent foam build up in the deaeration chamber. We are still playing with the optimal rate with the new machines.

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\*Performed on: 2020/08/18 1657 EDT By: Morgan, Brenda (RN)

CRRT No/Other

### CRRT No Anticoagulation/Other Anticoagulant Prescription VH

CRRT Prescription Status:  Start or update prescription  Discontinue

Filter Setup: ST 150

Prismaflex Mode: CVVHDF

Blood Flow Rate: Target Blood flow 250-300 mL/min; increase to target within first minute of initiation

Priming Solution: 5,000 units of heparin sodium in 1 litre of 0.9% sodium chloride then reprime with 1 litre of 0.9% sodium chloride Do not use heparin if patient is HIT positive

Net Fluid Removal Target: 100 mL/hr Start at 0 mL/hr and progress to target as long as MAP is maintained

Dialysate Solution: PrismaSol 4 If no anticoagulation in use, recommend high predilution replacement flow rate and NO dialysis fluid

Dialysate Solution Rate: 0 mL/hr

PRE Replacement Solution via pre blood pump (PBP): PrismaSol 4

PRE Replacement Rate: 2,000 mL/hr Recommended minimum rate of 2000 mL/hr (if no anticoagulation used)

POST Replacement Solution via replacement pump: PrismaSol 4

POST Replacement Rate: 500 mL/hr Recommended minimum rate of 500 mL/hr

Add POTASSIUM CHLORIDE to dialysate according to Potassium Titration Protocol?  Yes  No

Anticoagulation:  No anticoagulation  Systemic anticoagulation  Other anticoagulant

Anticoagulant: \_\_\_\_\_

Bolus: \_\_\_\_\_

Special Instructions:  Yes  No

**Potassium Titration Protocol**

Add KCl to dialysate and all replacement fluids according to the following protocol. Note the amount of baseline KCl in the solutions being used.

Serum Potassium Level	Final KCl Concentration in Dialysate
if less than 3.0 mmol/L	* KCl bolus I.V. as per CRIT CARE - Electrolyte Replacement (Module).

8/23/2020

Yes auto-populates. This enables the nurse to titrate the potassium concentration by protocol. The minimum final potassium concentration is 2 mmol/L.

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\*Performed on: 2020/08/18 1657 EDT By: Morgan, Brenda (RN)

CRRT No/Other

### CRRT No Anticoagulation/Other Anticoagulant Prescription VH

CRRT Prescription Status:  Start or update prescription  Discontinue

Filter Setup: ST 150

Prismaflex Mode: CVVHDF

Blood Flow Rate: Target Blood flow 250-300 mL/min; increase to target within first minute of initiation

Priming Solution: 5,000 units of heparin sodium in 1 litre of 0.9% sodium chloride then reprime with 1 litre of 0.9% sodium chloride Do not use heparin if patient is HIT positive

Net Fluid Removal Target: 100 mL/hr Start at 0 mL/hr and progress to target as long as MAP is maintained

Dialysate Solution: PrismaSol 4 If no anticoagulation in use, recommend high predilution replacement flow rate and NO dialysis fluid

Dialysate Solution Rate: 0 mL/hr

PRE Replacement Solution via pre blood pump (PBP): PrismaSol 4

PRE Replacement Rate: 2,000 mL/hr Recommended minimum rate of 2000 mL/hr (if no anticoagulation used)

POST Replacement Solution via replacement pump: PrismaSol 4

POST Replacement Rate: 500 mL/hr Recommended minimum rate of 500 mL/hr

Add POTASSIUM CHLORIDE to dialysate according to Potassium Titration Protocol?  Yes  No

Anticoagulation:  No anticoagulation  Systemic anticoagulation  Other anticoagulant

Anticoagulant: \_\_\_\_\_

Bolus: \_\_\_\_\_

Special Instructions:  Yes  No

**Potassium Titration Protocol**

Add KCl to dialysate and all replacement fluids according to the following protocol. Note the amount of baseline KCl in the solutions being used.

Serum Potassium Level	Final KCl Concentration in Dialysate
if less than 3.0 mmol/L	* KCl bolus I.V. as per CRIT CARE - Electrolyte Replacement (Module).

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For this Power Plan, choose "NO anticoagulation". This refers to anticoagulation delivered through the filter only. If the patient is on systemic therapeutic anticoagulation, choose "NO anticoagulation" and use "NO anticoagulation" Power Plan.

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CRRT Prescription Status:  Start or update prescription  Discontinue

Filter Setup: ST 150

Prismaflex Mode: CVVHDF

Blood Flow Rate: Target Blood flow 250-300 mL/min; increase to target within first minute of initiation

Priming Solution: 5,000 units of heparin sodium in 1 litre of 0.9% sodium chloride then reprime with 1 litre of 0.9% sodium chloride

Net Fluid Removal Target: 100 mL/hr

Dialysate Solution: PrismaSol 4

Dialysate Solution Rate: 0 mL/hr

PRE Replacement Solution via pre blood pump (PBP): PrismaSol 4

PRE Replacement Rate: 2,000 mL/hr

POST Replacement Solution via replacement pump: PrismaSol 4

POST Replacement Rate: 500 mL/hr

Add POTASSIUM CHLORIDE to dialysate according to Potassium Titration Protocol?  Yes

Anticoagulation:  No anticoagulation

Special Instructions:  No

**If there are any special instructions, choose "yes" and enter in text box.**  
**Example: "Heater on only if core temperature < 35.5"**

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All titration protocols appear at the end of the Power Form. These are also available on the CCTC website and are printed by nurses for ease of use.

### Potassium Titration Protocol

Add KCl to dialysate and all replacement fluids according to the following protocol. Note the amount of baseline KCl in the solutions being used.

Serum Potassium Level	Final KCl Concentration in Dialysate
if less than 3.0 mmol/L	* KCl bolus I.V. as per CRIT CARE - Electrolyte Replacement (Module). * Recheck serum Magnesium and treat as per CRIT CARE - Electrolyte Replacement (Module) * KCl to equal 6 mmol/L * Notify Nephrology and Critical Care if repeat potassium level is < 3.0 mmol/L
if 3.0 - 3.4 mmol/L	KCl to equal 5 mmol/L
if 3.5 - 4.5 mmol/L	KCl to equal 4 mmol/L
if 4.6 - 5.0 mmol/L**	KCl to equal 3 mmol/L
if 5.1 - 6.0 mmol/L**	KCl to equal 2 mmol/L
if greater than 6.0 mmol/L**	Notify Nephrology and Critical Care if repeat potassium level is > 6 mmol/L

\*\* If serum potassium is 4.6 - 5.6 mmol/L at the start of dialysis, the treatment may be started using PrismaSol 4. Repeat the serum potassium 1 hour after treatment is started.  
 If potassium remains greater than 4.6 mmol/L change solution to PrismaSol 0 and add appropriate KCl as per protocol.  
 If the serum potassium remains above 5 mmol/L with dialysis KCl 2 mmol/L, notify Nephrology and Critical Care to review possible causes for persistent hyperkalemia.

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Click the green check box in top left corner to sign the form and complete the prescription order.

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You will be brought back to this page to sign the orders. You will not be able to sign until you enter a reason for initiation of CRRT in the details section. If the highlighted Reason/Clinical History box does not appear, click on the CRRT No Anticoagulation Prescription at the top.

8/23/2020

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Full screen Print 11 minutes ago

Reconciliation Status  
 ✓ Meds History Admission Discharge

Start: 2020/08/18 16:57 Duration: None

Component	Status	Dose	Details
NEPH - Continuous Renal Replacement Therapy (CRRT) No Anticoagulation or Other Anticoagulation (Initiated Pending)			
Patient Care			
CRRT No/Other Anticoagulant Prescription VH	Order		
Communication Order	Order		Change filter if urea ultrafiltrate:serum ratio <0.80
Electrolytes (Na/K/Cl/CO2) Nurse order when	Order		q6 hour schedule while on CRRT
Phosphate, Magnesium Nurse Order When	Order		q6 hour schedule while on CRRT
Urea Serum Nurse Order When	Order		q72 hour schedule while on CRRT
Creatinine Serum Nurse order when	Order		q12 hour schedule while on CRRT
Urea Fluid Nurse order when	Order		q12 hour schedule while on CRRT
Communication Order	Order		Ultr filtrate
Communication Order	Order		Nurse to discontinue CRRT No anticoagulation powerplan when CRRT prescription discontinued
Medications			
sodium citrate (sodium citrate 4% injectable solution)	Order		2.5 mL injection, BLOCK, as directed, PRN for Other See Comments, Start: 2020/08/18 16:57 EDT Instill 4% sodium citrate solution into each catheter limb (total volume: limb volume + 0.1 mL)

Details for CRRT No/Other Anticoagulant Prescription VH

Orders For Nurse Review Save as My Favorite Initiate Now Orders For Signature

The detail box may be difficult to view. If you cannot see the details, drag the box up to make it visible.

8/23/2020

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Full screen Print 11 minutes ago

Reconciliation Status  
 ✓ Meds History Admission Discharge

Start: 2020/08/18 16:57 Duration: None

Component	Status	Dose	Details
NEPH - Continuous Renal Replacement Therapy (CRRT) No Anticoagulation or Other Anticoagulation (Initiated Pending)			
Patient Care			
CRRT No/Other Anticoagulant Prescription VH	Order		
Communication Order	Order		Change filter if urea ultrafiltrate:serum ratio <0.80
Electrolytes (Na/K/Cl/CO2) Nurse order when	Order		q6 hour schedule while on CRRT
Phosphate, Magnesium Nurse Order When	Order		q6 hour schedule while on CRRT

Details for CRRT No/Other Anticoagulant Prescription VH

Details Order Comments Offset Details

\*Requested Start Date/Time: 2020/08/18 16:57 EDT \*Reason/Clinical History: [AK]

Special Instructions: [ ]

Orders For Nurse Review Save as My Favorite Initiate Now Orders For Signature

Enter a reason for starting CRRT then choose "order for signature".

8/23/2020

24

Full screen Print 11 minutes ago  
Reconciliation Status  
Meds History Admission Discharge

Order Name	Status	Start	Details
<b>NEPH - Continuous R... Initiated ... placing 9 order(s)</b>			
V-C3; CS-3 OF; A VISIT #411442900 Admit: 2008/05/27 13:41			
Patient Care			
CRRT No/Other Anticoagulant Prescri...	Order	2020/08/18 16:57	Reason: AKI
Communication Order	Order	2020/08/18 16:57	Change filter if urea ultrafiltrate:serum ratio <0.80
Electrolytes (Na/K/Cl/CO2) Nurse ...	Order	2020/08/18 16:57	q6 hour schedule while on CRRT
Phosphate, Magnesium Nurse Order When	Order	2020/08/18 16:57	q6 hour schedule while on CRRT
Urea Serum Nurse order when	Order	2020/08/18 16:57	q12 hour schedule while on CRRT
Creatinine Serum Nurse order when	Order	2020/08/18 16:57	q12 hour schedule while on CRRT
Urea Fluid Nurse order when	Order	2020/08/18 16:57	q12 hour schedule while on CRRT Ultrafiltrate
Communication Order	Order	2020/08/18 16:57	Nurse to discontinue CRRT No anticoagulation powerplan when CRRT prescription discontinued
Medications			
Details			
Missing Required Details		Orders For Nurse Review	
		<b>Sign</b>	

Sign the Order

8/23/2020

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Full screen Print 12 minutes ago  
Reconciliation Status  
Meds History Admission Discharge

Component	Status	Dose ...	Details
Processing, Please refresh.			
Details			
Orders For Nurse Review		Save as My Favorite	
		Orders For Signature	

Refresh

8/23/2020

26

Full screen Print 0 minutes ago

Reconciliation Status Refresh the Orders  
Meds History Admission Discharge

Start: 2020/08/18 16:57 Stop: None

Component Status Dose ... Details

NEPH - Continuous Renal Replacement Therapy (CRRT) No Anticoagulation or Other Anticoagulation (Initiated)  
Last updated on: 2020/08/18 17:06 by: Morgan, Brenda (RN)

Patient Care

Component	Status	Dose ...	Details
<input checked="" type="checkbox"/> CRRT No/Other Anticoagulant Prescription VH	Ordered		Reason: AKI
<input checked="" type="checkbox"/> Communication Order	Ordered		Change filter if urea ultrafiltrate:serum ratio < 0.80
<input checked="" type="checkbox"/> Electrolytes (Na/K/Cl/CO2) Nurse order when	Ordered		q6 hour schedule while on CRRT
<input checked="" type="checkbox"/> Phosphate, Magnesium Nurse Order When	Ordered		q6 hour schedule while on CRRT
<input checked="" type="checkbox"/> Urea Serum Nurse order when	Ordered		q12 hour schedule while on CRRT
<input checked="" type="checkbox"/> Creatinine Serum Nurse order when	Ordered		q12 hour schedule while on CRRT
<input checked="" type="checkbox"/> Urea Fluid Nurse order when	Ordered		q12 hour schedule while on CRRT Ultrafiltrate
<input checked="" type="checkbox"/> Communication Order	Ordered		Nurse to discontinue CRRT No anticoagulation powerplan when CRRT prescription discontinued

Medications

Component	Status	Dose ...	Details
<input checked="" type="checkbox"/> sodium citrate (sodium citrate 4% injectable solution)	Ordered		2.5 mL, injection, BLOCK, as directed, PRN for Other: See Comments, Start: 2020/08/18 16:57:00 E... Instill 4% sodium citrate solution into each catheter limb (total volume= limb volume + 0.1 mL)

Details

Orders For Nurse Review Save as My Favorite Orders For Signature

Orders have been completed

8/23/2020