


Name of Policy: Policy Number: Department: Approving Officer: Responsible Agent: Scope:	<u>Continuous Renal Replacement Therapy (CRRT)</u> <u>Continuous Arteriovenous Hemofiltration (CAVH)</u> <u>Continuous Arteriovenous Hemodialysis (CAVHD)</u> <u>Continuous Venous-Venous Hemodialysis (CVVHD)</u> 3364-110-09-15 Nursing Service Interim Chief Nursing Officer (CNO) Interim Chief Nursing Officer The University of Toledo Medical Center	 Effective Date: 6/15/2021 Initial Effective Date: 4/1982		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy </td> <td style="width: 50%; border: none;"> <input checked="" type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy </td> </tr> </table>			<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy
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(A) Policy Statement

CRRT treatments are available upon order of a nephrologist for patients in Critical Care Units.

(B) Purpose of Policy

To delineate responsibility of ordering, initiation, maintenance and discontinuation of the CRRT treatment.

(C) Procedure

1. Orders for the hemofiltration treatment must be written by a nephrologist on the CRRT (cont. renal replacement therapy) iform.
2. Informed consent will be obtained by physician.
3. Critical Care RN will be responsible for:
 - a. Priming the hemofilter and lines.
 - b. Initiating the procedure in the Critical Care Unit.
 - c. Withdraw Heparin from Trialysis™ catheter ports before starting CRRT.
 - d. Administering the heparin bolus, if indicated.
 - e. Assisting with setting up of drips or other prescribed fluids.
 - f. 24 hour availability for problems, or new hemofilter.
 - g. Discontinuation of CRRT as ordered.
 - h. Collaborating with the Nephrology MD and Attending MD regarding stopping or restarting CRRT System.
 - i. Assistance with establishment of appropriate arterial and venous vascular access.
 - j. Maintenance of vascular accesses.
 - k. Hourly monitoring of patient's hemodynamic status.
 - l. Hourly measuring of fluid removal with appropriate administration of prescribed fluid replacements.
 - m. Obtaining of serum chemistries and ABG's, as ordered.
 - n. Frequent assessment and intervention for problems.
 - o. Titration of heparin infusion based on coagulation results if required.
 - p. Communicating the principles of CRRT to patient and/or family.
 - q. Monitoring equipment. (CRRT)
 - r. Explaining the principles of CRRT to patient and/or family.
 - s. Termination of hemofilter if system is significantly clotted, or in an emergency situation.
 - t. Perform saline rinse-back of patient's blood.
 - u. Disconnecting CRRT tubing from patient.
 - v. Flush Trialysis™ catheter portswith saline, and administer the appropriate amounts of heparin (based on volume of catheter parts) to keep Trialysis™ catheter ports patent.

w. Aseptic maintenance of Trialysis™ catheter (ports).

1. Central Service will maintain appropriate inventory of CRRT supplies.

Approved by: _____ /s/ Todd Stec, RN Interim Chief Nursing Officer <i>Review: Policy & Standard Committee, 5/2012, 6/2015, 6/2018, 6/21</i> <i>Revision Completed By: Cindy Zapotosky, MSN, RN.</i>	Review/Revision Date: 1984 2/1992 5/2012 1985 6/1994 6/2015 1986 3/1995 6/2018 1987 4/1996 6/2021 1988 8/1999 1989 9/2002 7/1990 6/2005 9/1991 7/24/2008 Next Review Date: 6/2024
Policies Superseded by This Policy: 9-15	

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.