



Physician Orders: PEDIATRIC

# Title: LEB Continuous Renal Replacement Therapy (CRRT) Plan

[X or R] = will be ordered unless marked out.

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
<b>Uncategorized</b>		
<input type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: LEB Continuous Renal Replacement Therapy (CRRT) Phase When to Initiate: _____
<b>Patient Care</b>		
<b>NOTE: Recommended Blood Flow Rate (BFR): 4-5mL/kg/min; Recommended FRF Delivery: 2000mL/1.73 m2/hr; Recommended Dialysate Rate: 2000mL/1.73 m2/hr; Recommended Ultrafiltration Rate: is net loss 0.5-5 mL/kg/hr</b>		
<input type="checkbox"/>	Continuous Renal Replacement Therapy Peds ( CRRT Peds )	T;N, Type of treatment: <input type="checkbox"/> SCUF, <input type="checkbox"/> CVVH with Filter Replacement Fluid (FRF), <input type="checkbox"/> CVVHD with Dialysate, <input type="checkbox"/> CVVHD with Dialysate, <input type="checkbox"/> CVVHDF (Filter Replacement & Dialysate)  Blood Flow Rate: (mL/min): _____ Ultrafiltration Rate (mL/min): _____ Hemofilter: <input type="checkbox"/> HF 400, (0.3 m2, 28mL) <input type="checkbox"/> HF 700, (0.7 m2, 53mL) <input type="checkbox"/> HF 1200, (1.2 m2, 83mL) FRF Delivery (recommended 2000mL/1.73 m2/hr): <input type="checkbox"/> predilution, _____ mL/hr <input type="checkbox"/> post dilution, _____ mL/hr
<input type="checkbox"/>	ECMO Communication	T;N, Patient and CRRT circuit I-Stat CG8 iCa q _____ hours after initiation of treatment, then every _____ hour when stable
<b>Anticoagulation</b>		
<b>Heparin based:</b>		
<input type="checkbox"/>	heparin drip (pediatric)	_____ units/kg/hr, Injection, IV, Routine, T;N, Titrate heparin per <b>protocol</b> to maintain an ACT of _____ seconds or an APTT of _____ seconds
<b>Citrate based:</b>		
<input type="checkbox"/>	Anticoagulant Citrate Dextrose 1000 ml	1000 mL, Injection, IV, _____ mL/hr, Routine, T;N, Infuse into ACCESS side of the circuit. Start at 1.5 times the BFR
<b>Hemofiltration Calcium Chloride</b>		
<input type="checkbox"/>	Le Bonheur Hemofiltration Calcium Chloride (8 grams/1000 mL)	1000 mL, Injection, IV, _____ mL/hr, Routine, T;N, Infused into separate central line. Start at 40% of the citrate rate
<b>Dialysis Solutions</b>		
<input type="checkbox"/>	physiological irrigating solution (PrimaSOL B22GK 4/0)	5,000 mL, Injection, IV, Routine, mL/hr
<input type="checkbox"/>	physiological irrigating solution (PrimaSOL BGK 4/2.5)	5,000 mL, Injection, IV, Routine, mL/hr
<input type="checkbox"/>	physiological irrigating solution (PrimaSOL BK 0/0/1.2)	5,000 mL, Injection, IV, Routine, mL/hr





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Dialysis Solutions		
<input type="checkbox"/>	Dianeal - PD w/ 1.5% Dextrose (Pediatric)	3,000 mL, IV, Routine, mL/hr
<input type="checkbox"/>	Dianeal - PD w/ 1.5% Dextrose (Pediatric)	5,000 mL, IV, Routine, mL/hr
<input type="checkbox"/>	Dianeal - PD w/ 2.5% Dextrose (Pediatric)	3,000 mL, IV, Routine, mL/hr
<input type="checkbox"/>	Dianeal - PD w/ 2.5% Dextrose (Pediatric)	5,000 mL, IV, Routine, mL/hr
<input type="checkbox"/>	Dianeal - PD w/ 4.25% Dextrose (Pediatric)	3,000 mL, IV, Routine, mL/hr
<input type="checkbox"/>	Dianeal - PD w/ 4.25% Dextrose (Pediatric)	5,000 mL, IV, Routine, mL/hr
<input type="checkbox"/>	PrismaSate BGK2/0	5,000 mL, Device, Routine, mL/hr
<input type="checkbox"/>	Physiological irrigating solution PrismaSate (PrismaSate B22GK 4/0)	5,000 mL, Injection, Routine, mL/hr
<input type="checkbox"/>	Physiological irrigating solution PrismaSate (PrismaSate BGL 4/2.5)	5,000 mL, Device, Routine, mL/hr
Laboratory		
<input type="checkbox"/>	Basic Metabolic Panel ( BMP )	Time Study, T;N, q4h, Type: Blood, Nurse Collect
<input type="checkbox"/>	Phosphorus Level	Time Study, T;N, q4h, Type: Blood, Nurse Collect
<input type="checkbox"/>	Magnesium Level	Time Study, T;N, q4h, Type: Blood, Nurse Collect

Date

Time

Physician's Signature

MD Number