

# CRRT PHYSICIAN ORDER FORM

<b>PRISMA™</b>	
ALLERGIES: <input type="checkbox"/> None Known <input type="checkbox"/> Yes (List)	
THERAPY: <input type="checkbox"/> SCUF (Ultrafiltration only) <input type="checkbox"/> CVVHD (Using Dialysate Solution)	
<input type="checkbox"/> CVVH (Using Replacement Solution) <input type="checkbox"/> CVVHDF (Using Replacement and Dialysate)	
<input type="checkbox"/> Prisma Filter: Prime per protocol <input type="checkbox"/> Access care and loading per protocol	
ANTICOAGULATION: <input type="checkbox"/> NO Heparin	
<input type="checkbox"/> Initial Bolus _____ (20 units/kg up to 1000-2000) units of Heparin	
<input type="checkbox"/> Continuous Heparin Infusion of _____ (2-100 units/Kg) units per hour starting the second hour	
LABORATORY TESTS: <input type="checkbox"/> Obtain Baseline PTT or ACT (circle one)	
<input type="checkbox"/> Maintain PTT _____ or ACT _____	
<input type="checkbox"/> If PTT/ACT _____, increase Heparin by 100 units/hour	
<input type="checkbox"/> If PTT/ACT _____, decrease Heparin by 100 units/hour	
BLOOD FLOW RATE: <input type="checkbox"/> 100 mL/min Or _____ mL/min (90-180 mL/min)	
NET ORDERED HOURLY FLUID LOSS: <input type="checkbox"/> _____ mL/hour (100-1000 mL/hour) for CVVH and CVVHD and 10-2000 mL/hour for SCUF	
<input type="checkbox"/> REPLACEMENT SOLUTION FLUID RATE _____ mL/hour (100-2000 mL/hour)	
<input type="checkbox"/> DIALYSATE SOLUTION FLOW RATE _____ mL/hour (500-2500 mL/hour)	
<b>REPLACEMENT SOLUTIONS</b>	
<input type="checkbox"/> ROUTINE REPLACEMENT SOLUTION (PRISMASOL)	
Sodium	140 mEq/Liter
Chloride	109 mEq/Liter
Bicarbonate	32 mEq/Liter
Calcium	2.5 mEq/Liter
Magnesium	1.5 mEq/Liter
Lactate	3 mEq/Liter
Dextrose	1 Gm/Liter
Potassium	_____ mEq/Liter
<b>DIALYSATE SOLUTIONS</b>	
<input type="checkbox"/> PREMIXED DIALYSATE	<input type="checkbox"/> LACTATE FREE DIALYSATE (DUOSOL)
Sodium	140 mEq/Liter
Chloride	117 mEq/Liter
Lactate	30 mg/Liter
Calcium	3.5 mEq/Liter
Magnesium	1.5 mEq/Liter
Dextrose	1 Gm/Liter
Potassium	2 mEq/Liter
Potassium	_____ mEq/Liter (minimum 2 mEq/Liter)
<b>OR</b>	Sodium
	140 mEq/Liter
	Chloride
	109 mEq/Liter
	Bicarbonate
	35 mEq/Liter
	Calcium
	3 mEq/Liter
	Magnesium
	1 mEq/Liter
	Dextrose
	1 Gm/Liter
	Potassium
	_____ mEq/Liter (no minimum)
LABORATORY TESTS:	
<input type="checkbox"/> Renal Profile stat and every _____ <input type="checkbox"/> Magnesium stat and every _____ <input type="checkbox"/> ACT stat and every _____	
<input type="checkbox"/> CBC stat and every _____ <input type="checkbox"/> INR/PTT stat and every _____	
AT COMPLETION OF THERAPY: <input type="checkbox"/> Return Blood to Patient	
<input type="checkbox"/> Flush each catheter lumen with 10 mL of Normal Saline. Using 10,000 units/mL of Heparin, draw up into a 3 mL syringe the exact amount of heparin to coincide with the volume of each catheter lumen (1.6 or 1.3), plus 0.2 mL.	

Physician \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Signature \_\_\_\_\_

PROHIBITED ABBREVIATION	REQUIRED TERM	PROHIBITED ABBREVIATION	REQUIRED TERM
ug	<b>Write</b> Microgram	1.0	<b>Write</b> 1. Do not use zero after decimal point
qd, q.d.	<b>Write</b> Daily	Zero after decimal point	
qod	<b>Write</b> Every Other Day or Every 48 hrs	MS	<b>Write</b> Morphine
U or u	<b>Write</b> Units	MgSO <sub>4</sub> , MSO <sub>4</sub>	<b>Write</b> Magnesium sulfate or Morphine sulfate
.5	<b>Write</b> 0.5 - make sure you use preceding 0	IU	<b>Write</b> International units
No zero before decimal point		OS, OD, OU	<b>Write</b> Left or right eye or both eyes
		AS, AD, AU	<b>Write</b> Left or right ear or both ears



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**MR.ORDER**

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PATIENT LABEL