

## Guidelines for providing (continuous) renal replacement therapy in ICU

Reference No:

### **Introduction**

This document is the short form rapid access version of the guideline for providing renal replacement therapy in the Intensive Care Unit at Derby.

Where time allows it should be read in conjunction with the explanatory document 'Philosophy of renal replacement therapy in RDH ICU. This will allow a deeper understanding of the rationale for the pre-printed prescriptions in use on the unit.

Decisions to commence CRRT must be made at Consultant level.

Two different paper pre-printed prescriptions are available to be signed.

### **Aim and Scope.**

This guidance applies on to patients under the care of an Intensivist, physically admitted to the ICU at the Royal Derby Site. The prescriptions are to be used with the Prismaflex RRT machines only. All fluids utilised are PrismaSol 4 (or equivalent if proprietary supply difficulties)

#### ***High volume Prescription***

Indication: Default acute prescription for use with septic/MOF patients, on pressors at <96 hours

Mode: CVVHDF

Blood Pump: 200mls/min

Replacement: 1200mls/hr

PBP: 600mls/hr

Balance: No fluid removal during resus. Generally Neutral to positive expected

#### ***Low Volume Prescription***

Indication: Patients >96hours with no vasoactives in use

Mode: CVVHDF

Blood Pump: 200ml/min

Replacement: 250ml/hr

PBP: 250ml/hr

Dialysate: 1500ml/hr

Balance: As clinically felt indicated.

**For advice on other modes of therapy, please see supporting documentation as described and discuss with an Intensive Care Consultant.**

**Abbreviations**

ICU: Intensive Care Unit (includes High Dependency beds as mixed Level 2/3 unit)

(C)RRT: (Continuous) Renal Replacement Therapy

CVVHDF: Continuous veno-venous haemodiafiltration

**Keywords:**

Renal, RRT, Filter, Dialysis, Kidney, Failure, Prisma, Prismaflex, CVVH, CVVHDF