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 Potasium 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.

Heparin Titration Protocol

Adjust heparin infusion to maintain PTT 60-80 seconds according to protocol below:

If Post Filter PTT	Pre-Filter Heparin Bolus	Infusion Change
greater than 150 seconds	none	* stop infusion for 1 hour * decrease infusion by 200 units/hour * repeat PTT in 6 hours * if repeat PTT > 150, notify Nephrology and Critical Care
greater than 100 seconds	none	* stop infusion for one hour * decrease infusion by 200 units/hour * repeat PTT in 6 hours
80 to 100 seconds	none	* decrease infusion by 200 units/hour
60 to 79 seconds	none	<< NO CHANGE >>
50 to 59 seconds	none	* increase infusion by 200 units/hour
40 to 49 seconds **	1,000 units	* increase infusion by 200 units/hour
30 to 39 seconds**	2,000 units	* increase infusion by 400 units/hour
less than 30 seconds**	5,000 units	* increase infusion by 400 units/hour * if repeat PTT < 30, notify Nephrology and Critical Care

** if PTT less than 50 seconds, adjust drip as per protocol and recheck 2 hours post increase in the heparin infusion to ensure a rise in PTT has occurred.

Citrate Titration Protocol

Post-Filter Ionized Calcium	Citrate Infusion Adjustment
Less than target	Decrease by 10 mL/hour
Target	<< NO CHANGE >>
Greater than target	Increase by 10 mL/hour

Notify Nephrology and Critical Care if Citrate Infusion greater than 350 mL/hour

Calcium Chloride Titration Protocol

Adjust calcium choride infusion according to protocol below to maintain SYSTEMIC ionized calcium level 1.0 - 1.2 mmol/L

Systemic Ionized Calcium	Calcium Chloride Adjustment
less than 0.80 mmol/L**	increase by 20 mL/hr give ordered bolus
0.80 - less than 1.0 mmol/L	increase by 10 mL/hr give ordered bolus
1.0 - 1.2 mmol/L	<< NO CHANGE >>
greater than 1.2 mmol/L	decrease by 10 mL/hr

** Call Nephrology and Critical Care for order for calcium bolus if systemic calcium less than 0.80 mmol/L; repeat systemic IONIZED calcium 1 hour post bolus. Ifless than target, repeat bolus and notify provider.