

Viewing, Modifying and CRRT Orders in Power Chart

You can view CRRT orders from the Form Browser or by selecting the Dialysis tab from the Results view.

Viewing Orders

2020 May 26 17:27 - 2020 August 25 17:27 (Clinical Range)

Navigator

- CRRT Heparin Prescription
- Fluid Removal
- Dialysate
- Replacement Fluid
- Anticoagulation via Prismaflex
- Protocols/Adjustments/Instructions
- CRRT No/Other Anticoagulant
- Fluid Removal
- Dialysate
- Replacement Fluid
- Anticoagulation
- Protocols/Adjustments/Instructions

Show more results

Dialysis Treatment Plan	2020/08/18 17:31	2020/08/18 17:21	2020/08/18 17:17	2020/08/18 17:13	2020/08/18 16:57
Prescription Status	Start or upd				
Filter Set Up	ST 150				
Prismaflex Mode	CVVHDF				
Blood Flow Rate	Start at 250				
Priming Solution	5,000 units/l				
Fluid Removal					
Fluid Removal Target	100 mL/hr				
Dialysate					
Dialysate Solution	PrismaSol 4				
Dialysate Solution Rate	1,000 mL/hr				
Replacement Fluid					
Pre Replacement Solution	PrismaSol 4				
Pre Replacement Solution Rate	1,000 mL/hr				
Post Replacement Solution	PrismaSol 4				
Post Replacement Solution Rate	500 mL/hr				
Anticoagulation via Prismaflex					
Heparin Sodium Bolus Pre-filter	5,000 Units				
Heparin Sodium Infusion Pre-filter	1,000 unit/h				
Heparin Infusion Pre Filter	Heparin 20,000				
Protocols/Adjustments/Instructions					
Use Heparin Titration Protocol?	Yes				
Special Instructions?	No				
CRRT No/Other Anticoagulant Details					
Prescription Status	Discontinue	Start or upd	Start or upd	Start or upd	
Filter Set Up		ST 150	ST 150	ST 150	
Prismaflex Mode		CVVHDF	CVVHDF	CVVHDF	

Choose the Dialysis Treatment Tab from the Results View. Widen the columns to view the orders.

Every CRRT and IHD order that has been entered or modified will appear chronologically. Use the scroll bar to see all modalities – orders are grouped by type and sorted horizontally.

These are the times that **orders were entered**. To identify the actual stop and start time of any RRT, review the dialysis or CRRT flowsheets.



Dialysis Treatment Plan

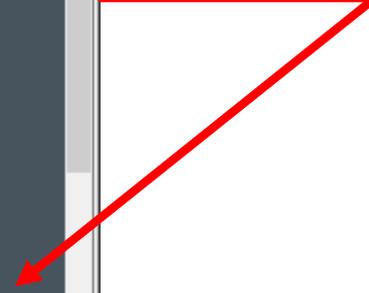
Dialysis Treatment Plan		2017/11/23 09:11
Prescription Details		
Prescription Status		Start or update prescription
Order Type		Chronic
Hepatitis B Positive		Unknown
Isolate Dialysis Machine		Designate Dialysis machine
Hemodialysis Treatment Details		
Patient Specific Settings		M/W/F
Treatment Location		Adam Linton Unit (ALU)
<input type="checkbox"/> Treatment Frequency		3 per week
<input type="checkbox"/> Dialysis Time		4 hr
Dialyser		Fx 600
Bloodline Type		Standard
Dialysate Temperature		According to unit protocol
<input type="checkbox"/> Dialysate Flow		500 mL/min
<input type="checkbox"/> Sodium		135 mmol/L
<input type="checkbox"/> Potassium		1.5 mmol/L
<input type="checkbox"/> Calcium		1.25 mmol/L
<input type="checkbox"/> Bicarbonate		40 mmol/L
Maximum Blood Flow		Yes
Fluid Removal Goal		Fluid Removal Volume
Fluid Removal Volume		1-2L
Anticoagulant Therapy		No anticoagulation
CRRT Heparin Prescription Details		
Prescription Status		Start or upd
Filter Set Up		ST 150
Prismaflex Mode		CVVHDF
Blood Flow Rate		Start @ 150
Priming Solution		5,000 units l
Dialysate		
Dialysate Solution		PrismaSol 4
<input type="checkbox"/> Dialysate Solution Rate		1,000 mL/hr
Replacement Fluid		
Pre Replacement Solution		PrismaSol 4

If there are IHD orders, they will sort to the top. Widen the columns to view the full prescription. Each of the 3 CRRT orders (No Anticoagulation, Heparin and Citrate) will be grouped separately below IHD orders.

- Menu
- Nurse View
- Summaries ViewPoint
- SBAR
- Task List
- MAR Summary
- MAR
- Medication List + Add
- Orders + Add
- Quick Orders
- Allergies + Add
- Clinical Documents/R... + Add
- Documents
- Clinical Notes Viewer
- View / I&O
- Form Browser**
- Results Review
- Infection Control
- Blood Product Information
- Patient Information
- Appointments

Tuesday, August 11, 2020 EDT - Wednesday, August 19, 2020 EDT(Clinical Range)

You can also view the Power Form the Form Browser



Sort by: Encounter - Date

All Forms

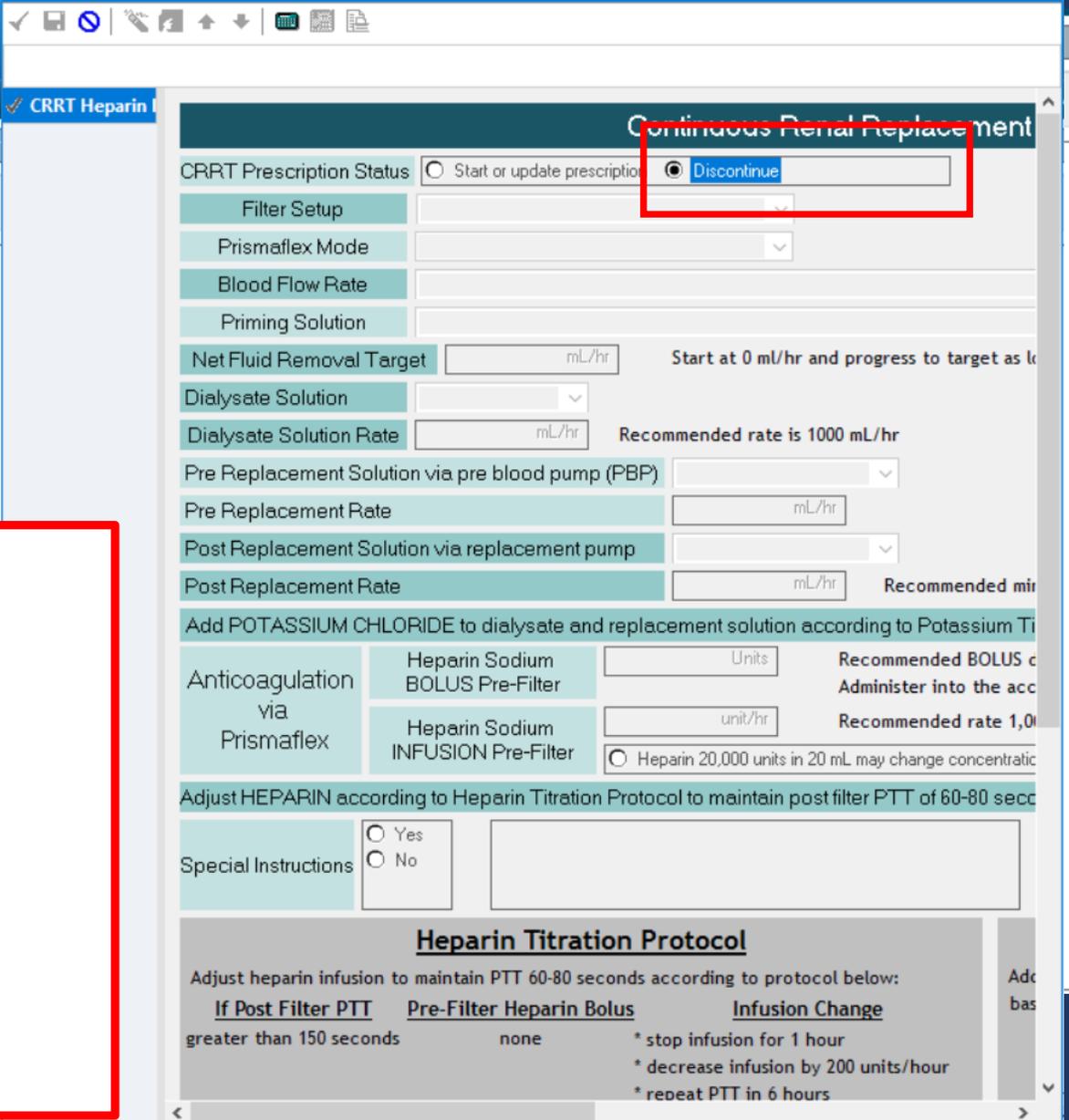
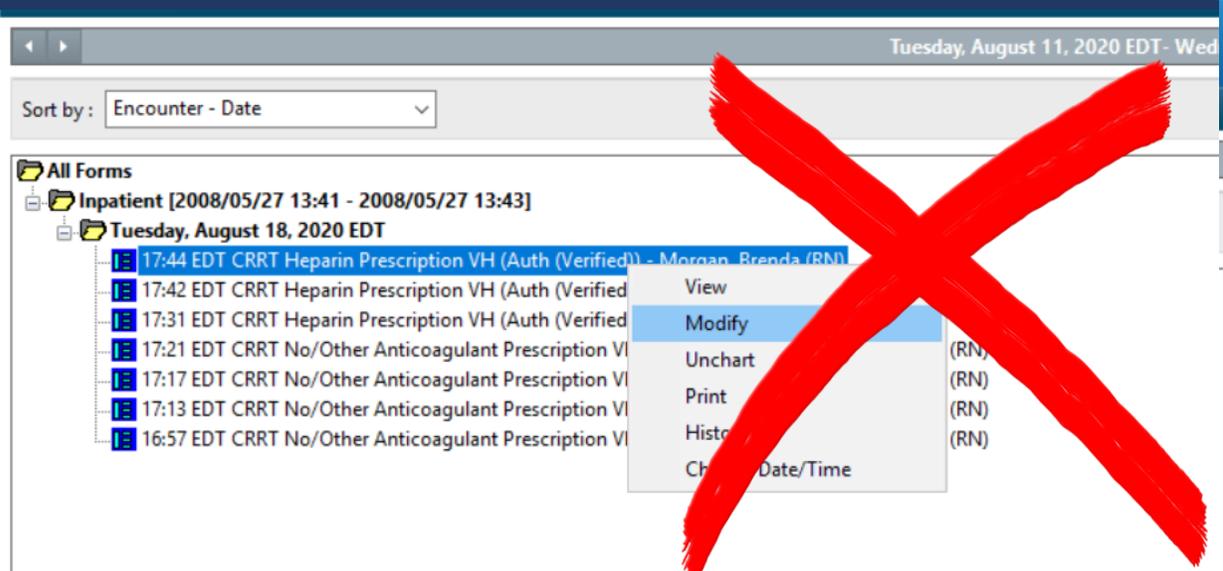
Inpatient [2008/05/27 13:41 - 2008/05/27]

Tuesday, August 18, 2020 EDT

- 17:42 EDT CRRT Heparin Prescription
- 17:31 EDT CRRT Heparin Prescription VH (Auth (Verified)) - Morgan, Brenda (RN)
- 17:21 EDT CRRT No/Other Anticoagulant Prescription VH (Auth (Verified)) - Morgan, Brenda (RN)
- 17:17 EDT CRRT No/Other Anticoagulant Prescription VH (Auth (Verified)) - Morgan, Brenda (RN)
- 17:13 EDT CRRT No/Other Anticoagulant Prescription VH (Auth (Verified)) - Morgan, Brenda (RN)
- 16:57 EDT CRRT No/Other Anticoagulant Prescription VH (Auth (Verified)) - Morgan, Brenda (RN)

Every time you enter or modify an order, it will be listed chronologically, and grouped by date. This is the time the order was entered only.

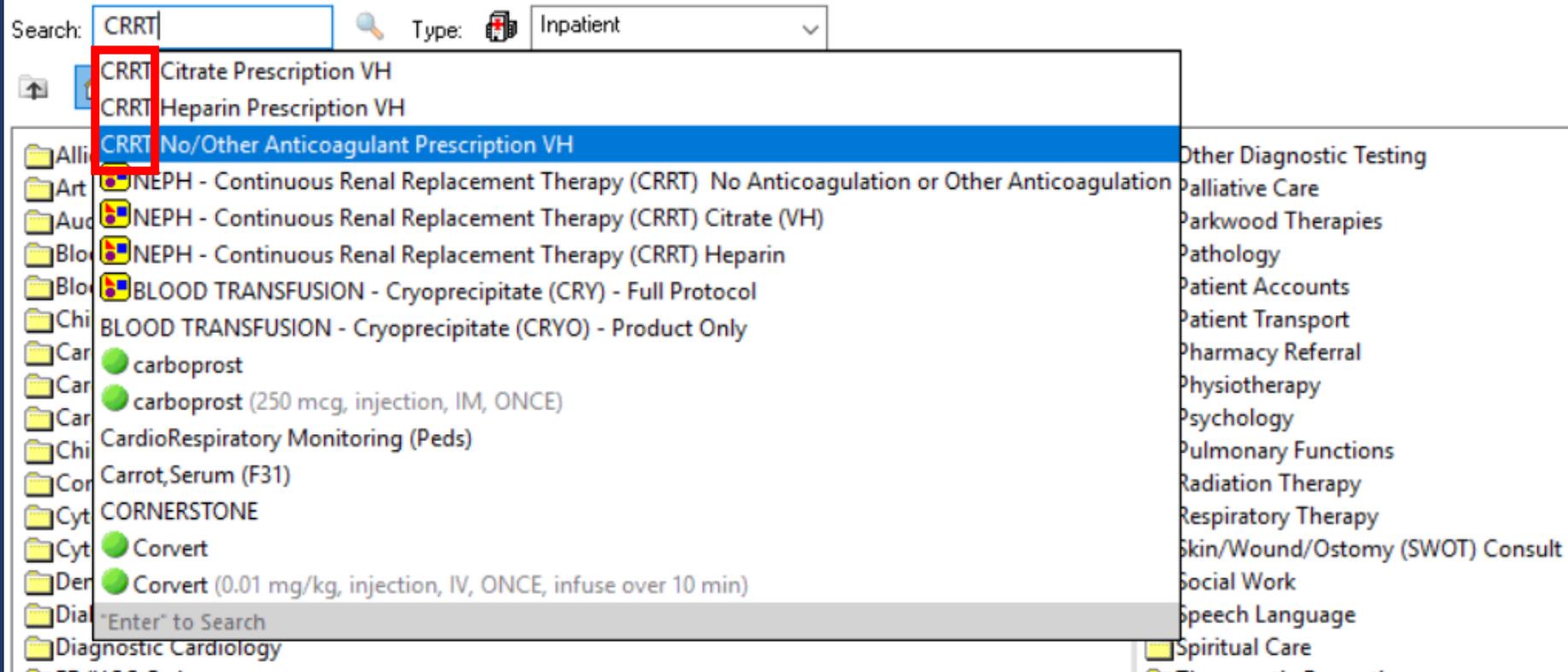
You can view the Power Form by double clicking or selecting View.



Use the Form Browser to view, but do not modify or discontinue from this menu. Modifications are hard to spot and discontinuing the order from this menu only cancels the Power Form prescription – it does not remove the Power Plan orders.

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

Modifying an Order



To modify components of an existing prescription therapy (e.g., flow rates or fluid removal), type in CRRT and choose the appropriate prescription Power Form. Do not choose the Power Plan or you will create duplicate orders.

If you are changing therapies (e.g. going from no AC to heparin), discontinue the current Power Plan and Order the Power Plan for the new therapy.

CRRT No Anticoagulation/Other Anticoagulant Prescription VH

CRRT Prescription Status Start or update prescription Discontinue

Filter Setup [Dropdown]

Prismaflex Mod [Dropdown]

Blood Flow Rate [Dropdown]

Priming Solution [Dropdown]

Do not use heparin if patient is HIT positive

Net Fluid Removal Target [mL/hr] Start at 0 mL/hr and progress to target as long as MAP is maintained

Dialysate Solution [Dropdown] If no anticoagulation in use, recommend high predilution replacement flow rate and NO dialysis fluid

Dialysate Solution Rate [mL/hr]

PRE Replacement Solution via pre blood pump (PBP) [Dropdown]

PRE Replacement Rate [mL/hr] Recommended minimum rate of 2000 mL/hr (if no anticoagulation used)

POST Replacement Solution via replacement pump [Dropdown]

POST Replacement Rate [mL/hr] Recommended minimum rate of 500 mL/hr

Add POTASSIUM CHLORIDE to dialysate according to Potassium Titration Protocol?*** [Dropdown]

Anticoagulation

No anticoagulation Anticoagulant [Text Box]

Systemic anticoagulation Bolus [Text Box]

Other anticoagulant Infusion [Text Box]

Special Instructions

Yes

No [Text Box]

A blank Power Form will open.

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 Potassium 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



Performed on: 2020/08/24 1258 EDT

By: Morgan, Brenda (RN)

CRRT No/Other

CRRT No Anticoagulation/Other Anticoagulant Prescription VH

CRRT Prescription Status Start or update prescription Discontinue

Filter Setup ST 150

Prismaflex Mode CWHDF

Blood Flow Rate Target Blood flow 250-300 mL/min; increase to target within first minute of initiation

Priming Solution 5,000 units of heparin sodium in 1 litre of 0.9% sodium chloride then reprime with 1 litre of 0.9% sodium chloride Do not use heparin if patient is HIT positive

Net Fluid Removal Target 100 mL/hr Start at 0 mL/hr and progress to target as long as MAP is maintained

Dialysate Solution PrismaSol 4 If no anticoagulation in use, recommend high predilution replacement flow rate and NO dialysis fluid

Dialysate Solution Rate 500

PRE Replacement Solution via pre blood pump (PBP) PrismaSol 4

PRE Replacement Rate 2,000 mL/hr Recommended minimum rate

POST Replacement Solution via replacement pump PrismaSol 4

POST Replacement Rate 500 mL/hr Recommended minimum rate

Add POTASSIUM CHLORIDE to dialysate according to Potassium Titration Protocol? Yes

Anticoagulation No anticoagulation Systemic anticoagulation Other anticoagulant
Anticoagulant _____
Bolus _____
Infusion _____

Special Instructions Yes No

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 Potassium Level

if less than 3.0 mmol/L

Final KCl Concentration in Dialysate

- * 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

Select START OR UPDATE PRESCRIPTION. The most recent orders will pull forward.

Make the desired changes. You are created a new order that will replace the previous version.



Performed on: 2020/08/18 1713 EDT

By: Morgan, Brenda (RN)

CRRT No Anticoagulation/Other Anticoagulant Prescription VH

Once changes are completed, check all other fields to make sure they are still correct.

Select the green checkmark in the upper left corner to sign the order.

Do not use heparin if patient is HIT positive
placement flow rate and NO dialysis fluid
00 mL/hr (if no anticoagulation used)

POST Replacement Solution via replacement pump PrismaSol 4

POST Replacement Rate 500 mL/hr Recommended minimum rate of 500 mL/hr

Add POTASSIUM CHLORIDE to dialysate according to Potassium Titration Protocol? **Yes**

Anticoagulation
 No anticoagulation
 Systemic anticoagulation
 Other anticoagulant

Anticoagulant
Bolus
Infusion

Special Instructions
 Yes
 No

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 Potassium Level

Final KCl Concentration in Dialysate

Search: Type:

Folder: All Order Categ... Search within:

- Allied Health
- Art Therapy
- Audiology
- Blood/Tissue Product Orders
- Blood Products - Region Only
- Child Life
- Care Management
- Cardiac Cath Lab
- Cardiovascular Investigations
- Chiroprody/Podiatry
- Consults
- Cytogenetics
- Cytology
- Dental
- Diabetic Education
- Diagnostic Cardiology
- ED/UCC Orders
- Diet
- Discharge Planning
- Geriatric Outreach
- Health Records
- Infection Control
- IV Solutions
- IV Therapy
- Laboratory
- Medical Imaging
- Miscellaneous
- Molecular Diagnostics
- Multidisciplinary Cancer Conference Referrals
- Music Therapy
- Nursing Orders
- Nephrology
- Nutrition Services
- Occupational Therapy
- Other Diagnostic Testing
- Palliative Care
- Parkwood Therapies
- Pathology
- Patient Accounts
- Patient Transport
- Pharmacy Referral
- Physiotherapy
- Psychology
- Pulmonary Functions
- Radiation Therapy
- Respiratory Therapy
- Skin/Wound/Ostomy (SWOT) Consult
- Social Work
- Speech Language
- Spiritual Care
- Therapeutic Recreation
- Vocational/Educational Rehab
- Care Sets - AH
- Care Sets - LHSC
- Care Sets - LRCP
- Care Sets - Parkwood
- Care Sets - MENT HLTH
- Care Sets - SJHC
- Care Sets - TDMH
- Care Sets - Woodstock
- Care Sets - FC
- Care Sets - SMGH
- Care Sets - STEGH
- Care Sets - SHHA
- Care Sets - LMH
- Care Sets - WDH
- ED SVS Demo Only
- Dialysis Medication Favourites Ambulatory

Dummy, Dummy Baby - 1157 88 8

Done

Select done

Orders Medication List Document In Plan

Reconciliation Status
✓ Meds History ! Admission Transfer ! Discharge

Order Name	Status	Start	Details
V-PED; PAC VISIT #:426352023 Admit: 2014/05/02 13:20			
CRRT No/Other Anticoagulant Prescri...	Order	2020/08/24 12:56	

Details for CRRT No/Other Anticoagulant Prescription VH

Details Order Comments

*Requested Start Date/Time: 2020/08/24 1256 EDT *Reason/Clinical History: change in dialysate rate for clearance

Special Instructions:

1 Missing Required Details Orders For Nurse Review

Sign

You will be prompted to complete the date, time and reason for the change. **You may need to enter a new T, N for the date and time for the change to be accepted.** Sign the order.

Results Review Normal view Print 0 minutes ago

Results Lab Microbiology Diagnostic Imaging Diagnostic Cardiology Pathology Vitals/Measurements HLA (Transplant Lab) Molecular Diagnostics Resuscitation Status Documents Assessments/Interventions Lines/Tubes/Drains Procedures/Devices

Situation/Background **Dialysis Treatment Plan**

2020 June 01 12:56 - 2020 August 31 12:56 (Clinical Range)

Showing results from (2020/08/18 - 2020/08/24) [Show more results](#)

Dialysis Treatment Plan	2020/08/24 12:58	2020/08/24 12:54	2020/08/18 17:53	2020/08/18 17:44	2020/08/18 17:42	2020/08/18 17:31	2020/08/18 17:21	2020/08/18 17:17	2020/08/18 17:13	2020/08/18 16:57
Protocols/Adjustments/Instructions										
Use Potassium Titration Protocol?			Yes							
POST FILTER Ionized Calcium Target			0.36-0.45 mmol/L							
Use Calcium Titration Protocol?			Adjust CaCl							
Special Instructions (VH)?			No							
CRRT No/Other Anticoagulant Details										
Prescription Status	Start or update prescription	Start or update prescription					Discontinue	Start or update prescription	Start or update prescription	Start or update prescription
Filter Set Up	ST 150	ST 150						ST 150	ST 150	ST 150
Prismaflex Mode	CVVHDF	CVVHDF						CVVHDF	CVVHDF	CVVHDF
Blood Flow Rate	Target Blood flow 250-300 mL/min	Target Blood flow 250-300 mL/min; increase to target						Target Blood flow 250-300 mL/min	Target Blood flow 250-300 mL/min	Target Blood flow 250-300 mL/min
Priming Solution	5,000 units heparin sodium/1L 0.9% NaCl. Repriming	5,000 units heparin sodium/1L 0.9% NaCl. Repriming						5,000 units heparin sodium/1L 0.9% NaCl. Repriming	5,000 units heparin sodium/1L 0.9% NaCl. Repriming	5,000 units heparin sodium/1L 0.9% NaCl. Repriming
Fluid Removal										
<input type="checkbox"/> Fluid Removal Target	100 mL/hr	100 mL/hr						300 mL/hr	200 mL/hr	100 mL/hr
Dialysate Solution										
<input checked="" type="checkbox"/> Dialysate Solution Rate	500 mL/hr	0 mL/hr						PrismaSol 4	PrismaSol 4	PrismaSol 4
								0 mL/hr	0 mL/hr	0 mL/hr
Replacement Fluid										
<input type="checkbox"/> Pre Replacement Solution	PrismaSol 4	PrismaSol 4						PrismaSol 4	PrismaSol 4	PrismaSol 4
<input type="checkbox"/> Pre Replacement Solution Rate	2,000 mL/hr	2,000 mL/hr						2,000 mL/hr	2,000 mL/hr	2,000 mL/hr
<input type="checkbox"/> Post Replacement Solution	PrismaSol 4	PrismaSol 4						PrismaSol 4	PrismaSol 4	PrismaSol 4
<input type="checkbox"/> Post Replacement Solution Rate	500 mL/hr	500 mL/hr						500 mL/hr	500 mL/hr	500 mL/hr
Use Potassium Titration Protocol?	Yes	Yes						Yes	Yes	Yes
Anticoagulation										
Anticoagulation	No anticoagulation	No anticoagulation						No anticoagulation	No anticoagulation	No anticoagulation
Protocols/Adjustments/Instructions										
Special Instructions?	No	No						Yes	Yes	Yes

Refresh the screen and review the Dialysis Treatment Plan from the results view. Note the prescription times at 12:54 and 12:58). The dialysis flow rate was changed from 0 to 500.

****Duplicate Order Alert****

Orderable	Order Details
 CRRT No/Other Anticoagulant Prescription ...	Reason: fff
CRRT No/Other Anticoagulant Prescription ...	I wanted to, 2020/08/24 14:03:00 EDT
CRRT No/Other Anticoagulant Prescription ...	Reason: a reason
CRRT No/Other Anticoagulant Prescription ...	AKI, 2020/08/24 12:55:00 EDT
CRRT No/Other Anticoagulant Prescription ...	change in dialysate rate for clearance, 2020/08/24 12:56:00 EDT

Order Anyway Remove Cancel/Discontinue Modify

OK Cancel

Choose order anyways if a duplicate order notice appears, then choose OK. Refresh screen.

Results Review Normal view Print 0 minutes ago

Results Lab Microbiology Diagnostic Imaging Diagnostic Cardiology Pathology Vitals/Measurements HLA (Transplant Lab) Molecular Diagnostics Resuscitation Status Documents Assessments/Interventions Lines/Tubes/Drains Procedures/Devices

Situation/Background **Dialysis Treatment Plan**

2020 June 01 12:56 - 2020 August 31 12:56 (Clinical Range)

Showing results from (2020/08/18 - 2020/08/24) [Show more results](#)

Dialysis Treatment Plan	2020/08/24 12:58	2020/08/24 12:54	2020/08/18 17:53	2020/08/18 17:44	2020/08/18 17:42	2020/08/18 17:31	2020/08/18 17:21	2020/08/18 17:17	2020/08/18 17:13	2020/08/18 17:57
Protocols/Adjustments/Instructions										
Use Potassium Titration Protocol?			Yes							
POST FILTER Ionized Calcium Target			0.36-0.45 mmol/L							
Use Calcium Titration Protocol?			Adjust CaCl							
Special Instructions (VH)?			No							
CRRT No/Other Anticoagulant Details										
Prescription Status	Start or update prescription	Start or update prescription						Discontinue	Start or update prescription	Start or update prescription
Filter Set Up	ST 150	ST 150						ST 150	ST 150	ST 150
Prismaflex Mode	CVVHDF	CVVHDF						CVVHDF	CVVHDF	CVVHDF
Blood Flow Rate	Target Blood flow 250-300 mL/min	Target Blood flow 250-300 mL/min; increase to target						Target Blood flow	Target Blood flow	Target Blood flow
Priming Solution	5,000 units heparin sodium/1L 0.9% NaCl. Reprim	5,000 units heparin sodium/1L 0.9% NaCl. Reprim						5,000 units heparin sodium/1L 0.9% NaCl. Reprim	5,000 units heparin sodium/1L 0.9% NaCl. Reprim	5,000 units heparin sodium/1L 0.9% NaCl. Reprim
Fluid Removal										
<input type="checkbox"/> Fluid Removal Target	100 mL/hr	100 mL/hr						300 mL/hr	200 mL/hr	100 mL/hr
Dialysate Solution										
<input checked="" type="checkbox"/> Dialysate Solution Rate	500 mL/hr	0 mL/hr						PrismaSol 4	PrismaSol 4	PrismaSol 4
Replacement Fluid										
<input type="checkbox"/> Pre Replacement Solution	PrismaSol 4	PrismaSol 4						PrismaSol 4	PrismaSol 4	PrismaSol 4
<input type="checkbox"/> Pre Replacement Solution Rate	2,000 mL/hr	2,000 mL/hr						2,000 mL/hr	2,000 mL/hr	2,000 mL/hr
<input type="checkbox"/> Post Replacement Solution	PrismaSol 4	PrismaSol 4						PrismaSol 4	PrismaSol 4	PrismaSol 4
<input type="checkbox"/> Post Replacement Solution Rate	500 mL/hr	500 mL/hr						500 mL/hr	500 mL/hr	500 mL/hr
Use Potassium Titration Protocol?	Yes	Yes						Yes	Yes	Yes
Anticoagulation										
Anticoagulation	No anticoagulation	No anticoagulation						No anticoagulation	No anticoagulation	No anticoagulation
Protocols/Adjustments/Instructions										
Special Instructions?	No	No						Yes	Yes	Yes

From results view, choose Dialysis Treatment Plan tab. Refresh screen. Note the prescription times at 12:54 and 12:58. The dialysis flow rate was changed from 0 to 500.

Discontinuing an Order

View

- ONCR SAR IP High Dose Methotrexate q21d (Discontinued)
- ONCR GYN Cisplatin weekly with RT 42d (Discontinued)
- ONCR HAEM IP DHAP q21d (Discontinued)
- ONCR MULTI Paclitaxel q21d (Discontinued)
- ONCR HAEM Rituximab CHOP q21d (Discontinued)
- ONCR MULTI Pamidronate q28d (Discontinued)

Plans

- Document In Plan
- Oncology
- Medical
 - DI - Post-Intervention (Planned)
 - DI - Pre-Intervention (Planned)
 - ANESTH - PACU Stage 1 (Planned)
 - NEPH - Continuous Renal Replacement Therapy (CRRT) Heparin (Initiated)**
 - NEPH - Continuous Renal Replacement Therapy (CRRT) No A...
- PAED ENDO - Luteinizing Hormone-Releasing Hormone (LHF
- PAED ENDO - Luteinizing Hormone-Releasing Hormone (LHF
- COMMON - IV Heparin (Module) (Discontinued)
- ANESTH - Epidural, Non Standard (Module) (Completed)
- ONC - Chemoembolization - Pre (Discontinued)
- ONC HAEM - Admission (Discontinued)

Context menu for NEPH - Continuous Renal Replacement Therapy (CRRT) Heparin (Initiated):

- Discontinue
- Plan Information...
- Print
- Add Comment
- Save as My Favorite

Start: 2020/08/18 17:44 Stop: None

Component	Status	Dose ...	Details
NEPH - Continuous Renal Replacement Therapy (CRRT) Heparin (Initiated) Last updated on: 2020/08/18 17:45 by: Morgan, Brenda (RN)			
Patient Care			
✓ CRRT Heparin Prescription VH	Ordered		Reason: AKI
✓ Communication Order	Ordered		Change filter if urea ultrafiltrate:serum ratio <0.80
✓ INRPTT Nurse Order When	Ordered		daily schedule while on CRRT
✓ Electrolytes (Na/K/Cl/CO2) Nurse order when	Ordered		q6 hour schedule while on CRRT
✓ Phosphate, Magnesium Nurse Order When	Ordered		q6 hour schedule while on CRRT
✓ PTT Nurse order when	Ordered		POST filter PTT q6 hour schedule while on CRRT
✓ Urea Serum Nurse order when	Ordered		q12 hour schedule while on CRRT
✓ Creatinine Serum Nurse order when	Ordered		q12 hour schedule while on CRRT
✓ Urea Fluid Nurse order when	Ordered		q12 hour schedule while on CRRT Ultrafiltrate
✓ Communication Order	Ordered		Nurse to discontinue CRRT Heparin powerplan when CRRT prescription discon...
Medications			
✓ sodium citrate (sodium citrate 4% injectable solution)	Ordered		2.5 mL, injection, BLOCK, as directed, PRN ... Instill 4% sodium citrate solution into each...

To discontinue, choose the Power Plan order and right click.

Keep	Component	Status	Order Details
Patient Care			
<input type="checkbox"/>	<input checked="" type="checkbox"/> CRRT Heparin Prescription VH	Ordered	Reason: AKI
<input type="checkbox"/>	<input checked="" type="checkbox"/> Communication Order	Ordered	Change filter if urea ultrafiltrate:serum ratio <0.80
<input type="checkbox"/>	<input checked="" type="checkbox"/> INRPTT Nurse Order When	Ordered	daily schedule while on CRRT
<input type="checkbox"/>	<input checked="" type="checkbox"/> Electrolytes (Na/K/Cl/CO2) Nurse order when	Ordered	q6 hour schedule while on CRRT
<input type="checkbox"/>	<input checked="" type="checkbox"/> Phosphate, Magnesium Nurse Order When	Ordered	q6 hour schedule while on CRRT
<input type="checkbox"/>	<input checked="" type="checkbox"/> PTT Nurse order when	Ordered	POST filter PTT q6 hour schedule while on CRRT
<input type="checkbox"/>	<input checked="" type="checkbox"/> Urea Serum Nurse order when	Ordered	q12 hour schedule while on CRRT
<input type="checkbox"/>	<input checked="" type="checkbox"/> Creatinine Serum Nurse order when	Ordered	q12 hour schedule while on CRRT
<input type="checkbox"/>	<input checked="" type="checkbox"/> Urea Fluid Nurse order when	Ordered	q12 hour schedule while on CRRT Ultrafiltrate
<input type="checkbox"/>	<input checked="" type="checkbox"/> Communication Order	Ordered	Nurse to discontinue CRRT Heparin powerplan when CRRT prescription discontinued
Medications			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> sodium citrate (sodium citrate 4% injectable solution)	Ordered	2.5 mL, injection, BLOCK, as directed, PRN for Other: See Comments, Start: 2020/08/18 17:44:00 EDT Instill 4% sodium citrate solution into each catheter limb (total volume= limb volume + 0.1 mL)

Unclicked orders will be discontinued. *If the patient still has a dialysis catheter, select the sodium citrate blocking solution so that it will remain on the MAR.*

OK

Cancel

	Order Name	Status	Start	Details
NEPH - Continuous R... Discontin... discontinuing 10 order(s)				
V-C53; C5-3 OF; A VISIT #:411442900 Admit: 2008/05/27 13:41				
Patient Care				
	Communication-Order	Discontin... e	2020/08/18 17:44	
	Creatinine-Serum-Nurse order-when	Discontin... e	2020/08/18 17:44	
	Urea-Serum-Nurse- order-when	Discontin... e	2020/08/18 17:44	
	Urea-Fluid-Nurse-order- when	Discontin... e	2020/08/18 17:44	
	PTT-Nurse-order-when	Discontin... e	2020/08/18 17:44	
	Phosphate, Magnesium Nurse-Order-When	Discontin... e	2020/08/18 17:44	
	INRPTT-Nurse-Order- When	Discontin... e	2020/08/18 17:44	
	Communication-Order	Discontin... e	2020/08/18 17:44	
	Electrolytes- (Na/K/Cl/CO2)-Nurse...	Discontin... e	2020/08/18 17:44	
	CRRT-Heparin- Prescription-VH	Discontin... e	2020/08/18 17:44	2020/08/18 17:49 EDT

Details

0 Missing Required Details Orders For Nurse Review

Sign

The prescription will be discontinued with the Power Plan. Sign and Refresh.

Comments Start: 2020/08/18 17:44 Stop: 2020/08/18 17:50

Component	Status	Dose ...	Details
NEPH - Continuous Renal Replacement Therapy (CRRT) Heparin (Discontinued)			
Last updated on: 2020/08/18 17:50 by: Morgan, Brenda (RN)			
Patient Care			
<input type="checkbox"/>  <input checked="" type="checkbox"/> CRRT Heparin Prescription VH	Discontinued		Reason: AKI
<input type="checkbox"/>  <input checked="" type="checkbox"/> Communication Order	Discontinued		Change filter if urea ultrafiltrate:serum ratio <0.80
<input type="checkbox"/>  <input checked="" type="checkbox"/> INRPTT Nurse Order When	Discontinued		daily schedule while on CRRT
<input type="checkbox"/>  <input checked="" type="checkbox"/> Electrolytes (Na/K/Cl/CO2) Nurse order when	Discontinued		q6 hour schedule while on CRRT
<input type="checkbox"/>  <input checked="" type="checkbox"/> Phosphate, Magnesium Nurse Order When	Discontinued		q6 hour schedule while on CRRT
<input type="checkbox"/>  <input checked="" type="checkbox"/> PTT Nurse order when	Discontinued		POST filter PTT q6 hour schedule while on CRRT
<input type="checkbox"/>  <input checked="" type="checkbox"/> Urea Serum Nurse order when	Discontinued		q12 hour schedule while on CRRT
<input type="checkbox"/>  <input checked="" type="checkbox"/> Creatinine Serum Nurse order when	Discontinued		q12 hour schedule while on CRRT
<input type="checkbox"/>  <input checked="" type="checkbox"/> Urea Fluid Nurse order when	Discontinued		q12 hour schedule while on CRRT Ultrafiltrate
<input type="checkbox"/>  <input checked="" type="checkbox"/> Communication Order	Discontinued		Nurse to discontinue CRRT Heparin powerplan when CRRT prescription discon...
Medications			
<input checked="" type="checkbox"/>  <input checked="" type="checkbox"/> sodium citrate (sodium citrate 4% injectable solution)	Ordered		2.5 mL, injection, BLOCK, as directed, PRN ... Instill 4% sodium citrate solution into each...

Details

Orders For Nurse Review Save as My Favorite Initiate Now Orders For Signature

The prescription and associated orders from the Power Plan have been discontinued, except the order for sodium citrate which was maintained.