

### CRRT Calcium Chloride Solution Infusion – Protocol

### Medical Advisory Committee Approved: 25JUN2019

□ Harmonized

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#### Authorized to

 Critical Care Nurses trained in Continuous Renal Replacement Therapy (CRRT) at Lakeridge Health

### **Patient Population Description**

 Critical care patients receiving CRRT using the CRRT Using Low Concentration 18/0 Citrate Solution and The Prismaflex System Order Set.

## **Contraindications to Implementing the Protocol**

- Patients less than 16 years of age
- Patient unwilling or unable to provide a blood sample for bedside or laboratory testing
- Refusal of patient/family consent for treatment; notify Most Responsible Practitioner (MRP) immediately.

## **Protocol Description**

Upon receipt of an order for CRRT Calcium Chloride Solution Infusion Protocol the authorized implementer will:

- Use the pre-mixed 50 mL syringe of 10% calcium chloride solution
- Draw initial Systemic ionized calcium (iCa-PatientCRRT) from an arterial line or peripheral venous sample 1 hour after the start of infusion and follow nomogram in Table 1
- If CRRT Blood Flow Rate (BFR) is changed, recheck Systemic ionized calcium (iCa-PatientCRRT) from an arterial line or peripheral venous sample 1 hour after the BFR change and follow the nomogram in Table 1
- Notify nephrologist of calcium compensation less than 60% or greater than 150%
- Repeat post-filter ionized calcium (blue port) and patient's ionized calcium (from arterial line or peripheral venous sample) every 1 hour until there are no CRRT fluid flow rate (calcium chloride infusion rate, low dose citrate infusion rate, blood flow rate, dialysate flow rate or replacement solution flow rate) changes for 2 consecutive hours. If there are no CRRT fluids flow rate changes for 2 consecutive hours, repeat this lab work q6H (can coordinate timing with usual q12H CRRT bloodwork). If there are no CRRT fluid flow rate changes for 24 consecutive hours, repeat this lab work q12H (can coordinate timing with usual q12H CRRT bloodwork)

Document Sponsor/Owner Group: (Critical Care Unit Council, Date Approved 15APR2019)

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Table 1: Nomogram to maintain patient's blood ionized Calcium between 1 - 1.35 mmol/L

Patient's Ionized	Calcium Chloride	Repeat Ionized
Calcium	Bolus and Rate Change	Calcium
Less than 0.75 mmol/L	Give 3 g calcium chloride (1 g in 100 mL	1 hour after calcium
	NaCl over an hour x3) and <b>in</b> crease	boluses completed
	calcium compensation by 30%	
0.76 - 0.85 mmol/L	Give 2 g calcium chloride (1 g in 100 mL	1 hour after calcium
	NaCl over an hour x2) and <b>in</b> crease	boluses completed
	calcium compensation by 20%	
0.86 - 0.90 mmol/L	Give 1 g calcium chloride (1 g in 100 mL	1 hour after calcium
	NaCl over an hour) and <b>in</b> crease	bolus completed
	calcium compensation by 10%	
0.91 – 0.99 mmol/L	- If post-filter ionized calcium below	In 1 hour
	target then no change	
	- If post-filter ionized calcium at or above	
	target then <b>in</b> crease calcium	
	compensation by 5%	
1 - 1.35 mmol/L	No change	
1.36 – 1.45 mmol/L	<b>De</b> crease calcium compensation by 5%	In 1 hour
Greater than	<b>De</b> crease calcium compensation by	In 1 hour
1.45 mmol/L	10%	

#### **Review/Evaluation Process**

Every 2 years

### **Related Documents**

- CRRT Low Concentration 18/0 Citrate Solution Infusion Protocol
- CRRT Magnesium Protocol
- CRRT Using Low Concentration 18/0 Citrate Solution and The Prismaflex System Order Set

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