



CONTINUOUS RENAL REPLACEMENT THERAPY ASSESSMENT

Name
MR#
DOB

DATE	TIME	DATE INITIATED	TREATMENT DAY	ASSESSMENT RN (PRINT)	MD REPORT
				AM:	PM:
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
PATIENT DIAGNOSIS			BLOOD WARMER	HBAG SENT	
			Temp: AM	PM	Date: Result: <input type="checkbox"/> + <input type="checkbox"/> -

Source	Date
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Patient Identification

- SCUF CVVH CVVHD CVVHDF

- Braun Prisma Accura

Machine # _____

Vascular Access:

Catheter # _____

Fr. size and cm _____

Date inserted _____

Location _____

Dressing _____

Dressing Δ 72 hours _____

Lines reversed _____

Dialysate Composition:

Citrate: 0.1% 0.5% and 0.45% NaCl

_____ mEq NaCl _____ mEq KCl

_____ mEq Magnesium _____ mEq NaBicarb Sulfate

Prefilter fluid composition

AM: _____

PM: _____

Replacement Fluid Composition:

AM: _____

PM: _____

FILTER

Filter Type		
Filter #		
Day		
Start Date		
D/C Time		
Discontinue Reason		

ANTICOAGULATION

TIME	Anticoagulant Rates			Ionized Calcium	
	Citrate mL/hour	CaCl mL/hour	Heparin units/hour	Periph	Post

OVERALL SYSTEM

	Yes	No
Connection firm/secure		
UF clear		
Dialysis tubing labeled		
IV tubing Δ 72 hours		
Blood lines warm		

ASSESSMENT

Weight _____

Neurologic:

- Alert Oriented Disoriented
 Unresponsive Sedated

Motor:

- MAE to command
 Spontaneous Flaccid

Cardiovascular:

- Rhythm _____
 Pacemaker Rub

- JVD Edema Pulses: + -

Pulmonary:

- Intubated Other _____
FiO₂ _____

Breath sounds _____

O₂ sat _____

Integumentary:

Color _____

Temp _____

Turgor _____

- Breakdown _____

Gastrointestinal:

Bowel sounds _____

- Abdomen: soft distended
 NG tube: drainage _____

Nutrition:

Feeding tube: type _____

Type of feeding: _____

Rate mL/hr _____

TPN mL/hr _____

Intralipid mL/hr _____

Genitourinary:

- Urine Foley
Amount _____
Appearance _____

ULTRAFILTRATION/CLEARANCE

Time	Effluent Volume	Dialysate Flow ml/hr	Net UF mL/hr	Dilution/Replacement Fluid*	Pre-filter BUN/Cr	Post-filter BUN/Cr	UF BUN/Cr	Sieving Coefficient*	FBV	BFR/min	Arterial Pressure (PA)	Filter Pressure (PBE)	Effluent Pressure (PD)	Venous Pressure (PV)

*Prisma: record "dilution"

Braun: record "pre-filter replacement"

*Sieving Coefficient: UF BUN/PRE BUN (0.8 - 1)

HEMODYNAMIC MEDICATION Yes No

MEDICATION	DOSE
1	
2	
3	
4	

HEMODYNAMIC STATUS

TIME	Blood Pressure	MAP	CVP	PCWP

LABORATORY VALUES

Time	Gluc	BUN CR	HCO ₃	Cl	Na	K	Ca Total	Phos	Mg	Hgb Hct	PTT INR	Arterial Blood Gases				
												pH	PCO ₂	BE	HCO ₃	

Information provided to ICU RN
ICU RN verbalizes understanding

Responsibility		
I&O sheet		
Troubleshooting		

Dialysate Composition
changed @ _____ (time) to:

Citrate: 0.1% 0.5% and 0.45% NaCl

_____ mEq NaCl _____ mEq KCl

_____ mEq Magnesium _____ mEq NaBicarb Sulfate

COMMENTS:

- Prescription verified with CRRT orders

RNSIGNATURE _____ DATE & TIME _____

RNSIGNATURE _____ DATE & TIME _____