



# Collaborative Regional Benchmarking Group

## Continuous Renal Replacement Therapy in Critical Care



**Aim:** To provide guidance on nursing care for Continuous Renal Replacement Therapy (CRRT) for patients in Critical Care

**Scope:** All adult patients in Critical Care

### Indications for Starting CRRT

- Acidosis
- Acute kidney injury
- Fluid overload
- Toxins
- Sepsis
- Urea and creatinine clearance
- Electrolyte derangement

### POTENTIAL COMPLICATIONS OF CRRT

- Hypothermia
- Cardiovascular instability
- Bleeding
- Air embolism
- Deranged coagulation
- Electrolyte imbalance
- Fluid imbalance (hyper/hypovolemia)

**THE DECISION TO COMMENCE CRRT MUST BE MADE BY A CRITICAL CARE CONSULTANT**

### Standard CRRT Care

1	Plan & Prepare. Ensure the patient has good vascular access, all essential equipment & prescribed fluids / medications are available and ready to use.
2	Daily prescription is completed by competent prescriber. Two nurses* to check prescription and initial set up. Two nurses* to connect and disconnect patients on / off. (*or as local guideline)
3	Ensure all blood results are recent and have been reviewed by prescribing practitioner and/or consultant. Repeat bloods as per protocol.
4	Ensure nursing staff are trained and competent in caring for patients receiving CRRT and able to safely troubleshoot.

### Troubleshooting

- Access Pressure
- Return Pressure
- Early filter clogging – high transmembrane and filter pressures
- Drug dosing – refer to unit protocols

### RISK OF HYPOTHERMIA

- Always use an attached blood warmer
- Obtain baseline temperature & ensure continuous or minimum of hourly monitoring of temperature
- Visualise VasCath and ensure connections are secure

### & BLEEDING

Please see your units full guidelines for more information