



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

- Acute Renal Failure with rising Urea & Creatinine
- Fluid Overload/ Fluid Balance
- Sepsis / metabolic acidosis
- Toxicity (drugs overdose)
- Hyperkalaemia / electrolyte imbalances
- Oliguria / Anuria

POTENTIAL COMPLICATIONS OF CRRT

- Hypothermia
- Bleeding
- Air embolism
- Deranged coagulation
- Electrolyte imbalance
- Acid base disturbance
- Fluid imbalance (hyper/hypo volemia)

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	Confirm prescription has been completed by competent prescriber and has been checked with two nurses prior to commencing CRRT.
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 manage common problems

COMMON PROBLEMS

- Access Pressure
- High Transmembrane Pressure
- High Filter Pressure
- Drug Dosing – refer to unit protocol

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

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