

Citrate CVVH prescription- Ward 215

Date xx/x Name Joe Bloggs DOB xx/x/xx Pt Weight (kg) 92

Filter used AV1000 Access (R)IJ Temp Dressing Change _____ Device number _____
 (Filter generally AV1000)

Date	<u>xx/x/xx</u>		
Treatment- (Ci-Ca)	<u>CiCa CVVHD</u>		
† Calcium start rate(then A.P.P.)	<u>2.2 mmol/L</u>		
* Citrate start rate (then A.P.P.)	<u>4.0 mmol/L</u>		
Dialysate – K4 x 4 bags Or K2 x 2 bags if K>6.5mmol/L	<u>CiCa K4 Dialysate</u>		
* Dialysate flow rate	<u>2200 ml/hr</u>		
* Blood flow rate	<u>110 ml/min</u>		
Dialysis Temp (35-39°C)	<u>36°C</u>		
Doctor's Signature	<u>JS</u>		
MFT PRO SET UP	Date/time/ Signature nurse 1	Signature nurse 2	
Set up by: (date/time/ 2 signatures)			
Set up by: (date/time/ 2 signatures)			
Set up by: (date/time/ 2 signatures)			

(†- see table 1 below / *- See table 2 below / A.P.P – As Per Protocol)

Ultrafiltration rate and changes – Medical prescription

Date and time	<u>xx/x/xx</u>		
UF rate (mls/hr)	<u>50 ml/hr</u>		
Signature/Print	<u>JS</u>		

Note: Need to prescribe in Kardex (see exemplar) / See "Quick guide" for exceptions

- CiCa Dialysate K4- rate 25mls/kg/hr (use table 1 for rough estimate. Qd:Qb 20:1 ratio)
- Sodium Citrate 4% 1500 mls- as per protocol
- Calcium Chloride 100mmol/1000mls – as per protocol

Table 1: Calcium start rate – note: prescribe rate as advised in table (no need to adjust for filtrate volume)

Systemic ionised Calcium (mmol/L) (Arterial Line)	<1.01	1.01 – 1.11	1.12 – 1.20	1.21 – 1.45	>1.45
Calcium chloride pre-treatment bolus?	Yes	Yes	No	No	No
Starting prescription of calcium chloride (mmol/L of filtrate)	2.2	2.0	1.9	1.5	1.4

Table 2 – Citrate/Dialysate and blood flow rates. Based on approx. 25ml/kg/hour

Weight	<60kg	60-69kg	70-79kg	80-89kg	>90kg
Dialysate flow rate (ml/hr)	1400	1600	1800	2000	2200
Blood flow rate (ml/min)	70	80	90	100	110
Citrate dose (mmol/L)	4.0	4.0	4.0	4.0	4.0
Ultrafiltration rate (ml/hr)	CLINICIAN DECISION ON INDIVIDUAL PATIENT BASIS				

AS REQUIRED THERAPY

Name of Patient: Joe Bloggs

CHI Number: _____

D.O.B.: xx / x / xx

(Attach printed label here)

PRESCRIPTION		Patient's Own Medicine															
Medicine (Approved Name) <u>CiCa Dialysate K4</u>		For Use	Date														
Dose + frequency + max		Route	Quantity	Dose													
Indication + notes		Start Date	Date	Time													
Prescriber - sign + print		Pharmacy	Dose	Initials													
Medicine (Approved Name) <u>CALCIUM CHLORIDE</u>		For Use	Date														
Dose + frequency + max		Route	Quantity	Dose													
Indication + notes		Start Date	Date	Time													
Prescriber - sign + print		Pharmacy	Dose	Initials													
Medicine (Approved Name) <u>SODIUM CITRATE</u>		For Use	Date														
Dose + frequency + max		Route	Quantity	Dose													
Indication + notes		Start Date	Date	Time													
Prescriber - sign + print		Pharmacy	Dose	Initials													
Medicine (Approved Name)		For Use	Date														
Dose + frequency + max		Route	Quantity	Dose													
Indication + notes		Start Date	Date	Time													
Prescriber - sign + print		Pharmacy	Dose	Initials													
Medicine (Approved Name) <u>MULTIBIC 4</u>		For Use	Date														
Dose + frequency + max		Route	Quantity	Dose													
Indication + notes		Start Date	Date	Time													
Prescriber - sign + print		Pharmacy	Dose	Initials													

CITRATE CUVHD

Non-Citrate CUVHD

