

Continuous Renal Replacement Therapy *Handover Checklist and Report*

1. Circuit integrity inspection:
 - Connections secure
 - Cannulation site inspected
 - Lines secured
 - Bags free hanging and lines straight
 - Effluent free of blood
 - Date of last circuit change noted
 - Circuit expiry date verified
 - Bag expiry dates/times verified

2. Circuit clots:
 - Location
 - Size

3. De-airation chamber:
 - Level within range

4. Filter pressures:
 - Trends
 - Change(s) over shift

5. Anticoagulation:
 - ACT or ionized Calcium within prescribed range
 - Review trends and changes to infusion rates

6. Emergency tray:
 - Contents reviewed and not outdated

7. Physician order's reviewed

8. Patient hemodynamic parameters reviewed

9. Fluid balances reviewed:
 - Fluid balance goals
 - Ins and outs

10. History reviewed:
 - Event screen reviewed for issues related to run

11. Supplies:
 - Supplies available for next shift
 - Pharmacy supplies available for next shift (and 4 hours into the morning for night shift)

Report for Rounds:

CRRT day # _____

Blood Flow Rate: _____

Anticoagulant: Citrate or Heparin
(circle one)

Anticoagulant rate: _____

I, Ca / ACT level : _____
(circle one)

Replacement Solution: _____

Replacement Solution Rate: _____

Dialysis Solution: _____

Dialysis Solution Rate: _____

Clots in Circuit: _____

Goal Balance: _____

Previous 24 hour balance: _____

Circuit issues over last 24 hours: _____

Last Circuit Change: _____

Emergency Tray Contents

- 50 mL bag of Normal Saline with 5 units of Heparin per mL.
- 2 X fluid transfer set
- Clamps X 2
- 2 X 5 mL syringes for aspirating blood
- 10 mL sterile Normal Saline prefilled syringes X2
- Citrate prefilled syringe X2 (enough to fill each vascath lumen)
- 'dead end' caps X 2
- 2 % Chlorhexidine swabs X 4
- Sterile towel and clean gloves

Date: _____
Time: _____

Signatures: outgoing: _____
receiving: _____