

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 - ☐ Contents reviewed and not outdated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: _____