

APPENDIX B: CONTINUOUS RENAL REPLACEMENT THERAPY USING THE NXSTAGE SYSTEM ONE

NOTE: Suggested starting prescriptions and dosage

	Recommendation	Notes
Mode	CVVH	If hospital personnel are familiar with the machine, CVVHD should be considered because it is more efficient per liter of volume infused.
Blood Flow Rate	200-400 ml/min	The blood flow rate should be increased as much as tolerated by the access pressures and machine alarms to avoid clotting. We suggest maintaining flows of at least 200 cc/min
Replacement Fluid Type	OK	For use with hyperkalemia. Change to 4K when potassium <5.5 meq/L. If neither of these fluids are available, CRRT can be performed using lactated ringer, Plasmalyte or the improvised solutions for peritoneal dialysis (Table 3). Note that if a solution with 0 Ca is used, the ionized calcium should be closely monitored and replaced as needed.
Replacement Fluid Rate	3L per hour	Increase if needed for further clearance of potassium.
Ultrafiltrate Rate	0 ml/min	If desired, fluid can be removed via ultrafiltration. In the acute setting, barring overt hypervolemia, fluid removal should be avoided. However, consider setting the ultrafiltration rate to the patient's hourly "In's" to avoid hypervolemia.