BARNES-JEWISH Hospital BJC HealthCare | Washington University in St. Louis Physicians

NATIONAL LEADERS IN MEDICINE

COVID NEPHROLOGY CHEAT SHEET

FLOORS

COVID FLOORS – 5200, 7200, 9200, 10200, 8900

COVID ICU – 8200, 8300, 8400, 10400 (9400 has not been used as yet)

UPDATE: 8900 will now be used as "stepdown" unit for those who need continue to require dialysis. Also stable ESRD patients who need dialysis. These rooms have glass doors.

CONTACT INFORMATION:

- **COVID ICU ATTENDING CELL: 314-319-8094**
- **E-ICU CONTACT: 314-362-1777**
- **82 COVID ICU MAIN: 314-273-6785**
- **83 ICU MAIN: 314-362-5060**
- **84 ICU MAIN: 314-747-8850**

COVID ICU ROUNDS

10:30 AM: Multi-disciplinary (intensivist, nephrologist, cardiologist, ID) rounds in 82 CCU

After 82 CCU rounds, please discuss with 83 and 84 ICU physicians

EPIC LIST

COVID NEPHROLOGY

- **Add all the patients you are following to the EPIC COVID NEPHROLOGY list. It is a SHARED list.**

RENAL CONSULTS

NEW CONSULTS FOR AKI

1. **Most consults in AKI are for urgent RRT. See patients ASAP**
2. **In the night, attending discretion can be used to decide whether to come back to hospital or review chart at home and write orders from home. Note can be started at home and completed early next day after patients are "seen"**

Remind requesting MD to put in an ORDER FOR CONSULT

ICU attendings are extremely busy and in the frontlines. They are calling us because they need our help, usually initiation of CRRT.

COVID NOTE TEMPLATES

.coviddocumentation

.nephcovidinitialconsultnote

AKI MANAGEMENT

REASON FOR CONSULTATION

- **Main reason for consult is oliguria/volume overload**
- **If AKI not severe, no hyperkalemia or acidosis, try high dose loop diuretics first, after discussion with ICU MD**
- **High dose – 1.5 mg/kg furosemide bolus followed by gtt IF they respond to bolus**

RENAL REPLACEMENT THERAPY

1. **TRIALYSIS**

Please remind intensivist/anesthesia doc placing Trialysis catheter about length. This is important to reduce complications and prevent clotting.

- **RIGHT IJ – 15cm**
- **LEFT IJ – 20 cm**
- **Femoral – 24 or 30 cm**

2. **CRRT ORDERS (NxStage preferred as it requires less nursing contact with patient.**
   - **CVVHD WITH NxSTAGE**
   - **Dialysate flow rate – 20 ml/kg/hour. REDUCE to 15 ml/kg/hour once metabolic control is achieved**
   - **Blood flow rate – 300 ml/min**
   - **UF rate – put in whatever you think is appropriate. ICU MD will adjust**
   - **ASK ICU attending to start patient on heparin gtt if no contraindication. Clotting is an issue**
   - **Discuss with NIGHT intensivist to initiate HEPARIN gtt if starting new patients at night**
3. **If patient is on ECMO, use PRISMAFLEX. Can use citrate if heparin is contraindicated.**

DAILY ROUNDS

- **"see" patient through glass door or camera**
- **Multidisciplinary rounds – discuss UF goals**
- **Dose adjustment of other meds**
- **Phos supplementation – start Oral phos packets if phos < or equal to 3. You can put in the order.**
- **ASK ICU ATTENDING IF THERE ARE NEW CONSULTS YOU NEED TO SEE. Better to pre-emptively "see them**
- **WRITE CRRT ORDERS BEFORE 1 PM on old patients if possible**

ESRD PATIENTS

- **Almost all ESRD patients coming to ER are being tested for COVID**
- **If COVID result PENDING – avoid doing HD if at all possible. Try Lokelma for hyperkalemia**
- **If COVID positive or urgent HD needed (and test is pending), pt is moved to COVID ICU (even if stable)**
  - **If patient has catheter, use NxStage to do short IHD/PIRRT. NxStage can handle 12L/hour.**
  - **If has AVF/AVG, order IHD if patient is hemodynamically stable. Do the shortest HD session (2 hours) to get K down and volume off. Can decide what to do next after COVID results are back.**
- **If respiratory status rapidly declining, and patient has AVG/AVF, consider asking ICU doc to place Trialysis catheter as CRRT is better in critical illness**
- **Once COVID is ruled out, transfer back to regular nephrology service and SIGN OUT to fellow or NP. REMOVE FROM COVID NEPHROLOGY LIST**
- **If COVID positive and stable, okay to discharge patient home or NH (if safe to discharge) and inform outpatient dialysis unit.**
  - **Call Ellen/Missy to contact DaVIta/Fresenius to find out their COVID dialysis unit**
  - **If FP, CAKC, or Wash U NC unit, Missy/Ellen will contact them to arrange outpatient HD.**

Tips for Hemodialysis Catheters

- Catheters are large and rigid. If advanced too far they can perforate the RA, RV or a central vein.
- Typical order of preference for dialysis access site: (1) RIJ, (2) femoral, (3) LIJ, (4) SC.
- Dialysis catheters are often fully inserted, so catheter length selection is particularly important. Optimal catheter tip position should be junction of RA and SVC for upper body insertions and IVC for femoral insertions.

Catheter lengths vary. Choose appropriate length for patient height and insertion site.

- Right IJ insertion depth **15-16 cm**
- Left IJ insertion depth **18-20 cm**
- Femoral insertion depth **24-30 cm**