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**Development and Implementation of a Slow Continuous Ultrafiltration Program
for Heart Failure**

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Heart Failure (HF) is a major public health problem resulting in substantial morbidity and mortality. It is the most frequent cause of hospitalization over the age of 65, with a prevalence of 5 million people in the United States. Over 90% of all hospitalizations for acute decompensated HF are due to fluid overload. The majority of HF patients have failed treatment with oral and intravenous diuretics. As a Joint Commission certified HF hospital, an alternative treatment was needed for these high risk patients. Slow Continuous Ultrafiltration (SCUF) is used primarily to remove plasma water.

Program goals were development and implementation of an inpatient therapy to alleviate symptoms of congestion and edema, improve hemodynamic profile without causing myocardial injury, and preserve renal function. First, approval was secured from hospital administration, cardiology, nephrology, and nursing leadership. A computerized physician order set was developed requiring admission to Coronary Care Unit and a venovenous catheter placement in Vascular Interventional Radiology (VIR). Standards included a 6 hour treatment time, use of low volume hemofilters with Continuous Renal Replacement (CRRT) machine, and blood flow 200ml/min without anticoagulation. Mosby-based procedures were rewritten for all CRRT modalities including SCUF with a competency checklist which was implemented for educational purposes.

All CRRT modalities required knowledge of concepts, skill demonstration, critical thinking, and patient safety considerations. Unit champions were identified, staff members were trained, and the procedure was successfully initiated in October, 2011.

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