

CRRT Audit

1. Audit Date

Example: January 7, 2019

2. Auditor

Monitoring of Renal Function

3. Is there adequate monitoring of renal function in patients receiving CRRT?

Mark only one oval.

☐ Yes

☐ No

☐ Other: _____

4. Are serum creatinine and blood urea nitrogen (BUN) monitored regularly?

Mark only one oval.

☐ Yes

☐ No

☐ Other: _____

5. Are any deviations from the protocol noted and addressed?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Other: _____

Management of Electrolyte Imbalances

6. Are electrolyte imbalances identified and managed appropriately in patients receiving CRRT?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Other: _____

7. Are serum electrolyte levels monitored regularly?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Other: _____

Compliance with CRRT Protocol

8. Are patients started on CRRT in a timely manner?

Mark only one oval.

☐ Yes

☐ No

☐ Other: _____

9. Are CRRT settings adjusted as per the protocol?

Mark only one oval.

☐ Yes

☐ No

☐ Other: _____

10. Are any deviations from the protocol noted and addressed?

Mark only one oval.

☐ Yes

☐ No

☐ Other: _____

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