

Renal Dosing Program	Division: Facility Based
Effective Date: Click here to enter a date.	Chapter: Pharmacy
Revised Date: Click here to enter a date.	Policy Number: Click here to enter text.
Approved by: Click here to enter text.	

PURPOSE:

To provide clinical directive for renal dose adjustments for adults based on the degree of renal impairment in order to establish and maintain therapeutic drug concentrations while avoiding excessive accumulation.

POLICY:

By the approval of Facility's Medical Executive Committee, the Committee of the Whole, or other functionally equivalent committee, _____ (pharmacy) has the authority to make a renal dose adjustment for selected medications. _____ (pharmacy) shall initiate the medication renal dose adjustment.

PROCEDURE:

Routinely, the medical staff of Facility, through its **Med Exec Committee (MEC Committee)** will conduct reviews of renally excreted medications to determine renal dosing appropriateness to optimize patient care. If a medication is designated for renal dose adjustment, all orders for that particular medication will be reviewed for renal dosing, unless the prescribing physician states in the written order that no adjustment is allowed or there is a clinical reason not to adjust the medication. The approved "Renal Dosing Medication List" for Facility shall be updated on a contemporaneous basis and maintained at _____ (pharmacy) and at Facility.

Any proposed interim change of the medications included for allowable renal adjustment will be publicized to the medical staff prior to implementation of any such change.

_____ (pharmacy) shall automatically perform the dosage adjustment at the time of order entry. Upon receipt of an order for a medication that is eligible for dose adjustment; the pharmacist will determine dose and frequency appropriateness based on estimated creatinine clearance. If a SrCr within the last 24 hours is not available, the pharmacist is allowed to order a BMP and adjust medication once resulted.

The patient's creatinine clearance (CrCl) will be calculated using the Cockcroft-Gault equation as recommended by drug manufacturers.

$$\text{CrCl (ml/min)} = [140 - (\text{age}) \times \text{weight (kg)}] / 72 \times \text{SrCr} (\times 0.85 \text{ for females})$$

If actual weight is <IBW, use actual weight; if actual weight is > IBW, use IBW.

The pharmacist will write a new order in the Orders section of the medical record indicating the original dosage and the conversion to the new dosage "per renal dosing protocol". No physician signature shall be required to authorize the revised dosing order. If a patient's renal function changes during the hospital stay and requires subsequent adjustment of the medication, the pharmacist is permitted to make any necessary changes.

If the medication is not on the renal dosing list, the pharmacist is responsible for contacting the prescriber for approval if dosing adjustment is needed, and the medication will be added to Renal Dosing List and presented at next P&T committee meeting.