fisit Problem:							
<u></u>							
YPERKALEMIA - ACUTE THERAPY ALGORITHM							
This protocol is intended to serve as a general guideline. IT WILL NOT BE APPROPRIATE FOR ALL in the properties of the properties of hyperkalemia and attention paid to complicating comorbidities. Ultimately, the management of hyperkalemia and attention paid to complicating comorbidities.			G CONDITIONS. Great care should be taken to ascertain the cause of the				
Potassium Level 5.3 - 5.6 mmol/L:							
Confirm potassium level elevation; check EKG NO IMMEDIATE ACUTE STABILIZATION TREATMENT IS NECESSARY IF THE POTASSIUM LEV Place patient on a low potassium diet and/or re-evaluate the use of potassium sparing medications (AC IF EKG IS POSITIVE, INSTITUTE ACUTE STABILIZATION ORDERS (BELOW) AND CONTACT RE	Els, ARBs, Spironolact						
Potassium Level 5.6 - 6.4 mmol/L:							
Confirm potassium level elevation; check EKG IF EKG NEGATIVE, HOLD ACUTE STABILIZATION TREATMENT UNTIL RENAL FELLOW IS CON' -IF EKG POSITIVE, INITIATE ACUTE HYPERKALEMIA THERAPY ORDERS AND THEN CONTACT	TACTED IN PATIENTS	S WITH ESRD. If patient does not have ESRD V.	, consider contacting renal fellow.				
otassium Level greater than 6.4 mmol/L:							
Confirm potassium level elevation; check EKG INITIATE ACUTE HYPERKALEMIA STABILIZATION ORDERS AND THEN CONTACT THE RENAL	FELLOW.		Α				
nitial Orders:							
Order	Priority	Reason for Exam					
INITIAL ORDERS - 3 item(s)							
12 Lead ECG	STAT	Hyperkalemia					
☐ ☐ Centralized Telemetry Monitoring	STAT						
Diet (Renal-Low Pro Pre-Dialysis (2 gm Na, 60 mEq K, 800 mg Phos, 60 gm Pro))	Routine						
STAT Initial Lab Orders							
Glucose Point of Care Potassium Level Whole Blood							
luid Orders:							
patient is volume depleted and does not have ESRD							
Order Dose Unit Route IV Rate Duration Durat Unit	tion Indication	Comments					
IV FLUIDS - 1 item(s)							
The state of the s	fluid/alastrals	rte replacement					
□ Normal Saline 1,000 ml IV	liulu/electron	rte replacement	I I				

Acute Hyperkalemia Stabilization Orders:									
Order	Dose	Unit	Route	Frequency	Indication Co	mments			
MEDICATION - 4 item(s)									
☐ Calcium Gluconate Injection	1,000	mg	IV Push	NOW	hyperkalemia				
☐ Dextrose 50%	50	ml	IV Push	NOW	hyperkalemia Giv	ve PRIOR to insulin administration			
☐ D10W Bolus	250	ml	IVPB	ONCE	hyperkalemia Adr	minister 250 ml immediately AFTER insulin administration.			
☐ Insulin Regular for HumuLIN-R		unit	IV Push	NOW	hyperkalemia Adr	minister AFTER dextrose. Dose = 0.1 units/kg; Maximum 10 units/dose.			
Additional Options: Sodium Bicarbonate ineffective in the absence of metabolic acidosis.									
Order	l Da	nea IIIn	it Route	Frequency	Indication C	Comments			
■ MEDICATION - 3 item(s)	I DC	SC UII	it Noute	Triequency	Indication C	oninenta .			
Albuterol Nebulizer	10	mg	inhalation	NOW	hyperkalemia in	1 4 ml NS over 10 minutes			
Albuterol Nebulizer	20			NOW		14 ml NS over 10 minutes			
Sodium Bicarbonate Injection	50			NOW	71				
	odium Bicarbonate Injection 50 mEq IV Push NOW hyperkalemia over 5 minutes					ver 5 minutes			
Q1H for 3 times starting in 1 hour from initial Glucose Point of Care Order									
Repeat 1 hour after initial Lab Specify hours from initial Lab						Repeat in 1 hours from initial ECG			
ு Potassium Level Whole Blood			■ □ Potassiu	m Level Whole Blood	□12 Lead ECG				
Follow Up Orders:									
Order	Dose Un	it Rou	ute	Frequency Indica	ation Comments				
MEDICATION - 2 item(s)									
☐ Sodium Polystyrene Sulfonate	15 gra	m PO		NOW hyperl	kalemia				
	30 gra	m PO			rkalemia				