

**Treatment Protocols****Date: 07/01/2025****Hemodialysis Related Emergency/Suspected Hyperkalemia****Policy #9130A****Adult BLS Standing Orders**

- **Universal Patient Protocol**
- Give oxygen and/or ventilate PRN per **Airway Policy**
- Monitor O2 saturation
- Glucose testing PRN
- Capnography
- For bleeding dialysis fistulas or shunts, refer to **Hemorrhage Control Policy**
- For bradycardia or tachycardia due to suspected electrolyte abnormalities, go to **Dysrhythmia Protocols**

**Adult LALS Standing Orders**

- Establish IV
- Capnography

**Hypotension**

- 250 mL NS IV MR to a max of 1,000 mL to maintain a SBP of  $\geq 90$  mmHg if patient is without rales and there is no evidence of heart failure

**For Immediate Definitive Therapy Only:**

- Establish IV in arm that does not have graft/AV fistula if possible, see **Policy on Pre-Existing Vascular Access Devices**

**Adult ALS Standing Orders**

- Monitor EKG
- Establish IV/IO
- Capnography

**Hypotension**

- 250 mL NS IV MR to a max of 1,000 mL to maintain a SBP of  $\geq 90$  mmHg if patient is without rales and there is no evidence of heart failure

**For Immediate Definitive Therapy Only**

- In life threatening conditions, and unable to obtain IO or vascular access, access graft/AV fistula, see **Policy on Pre-Existing Vascular Access Devices**

**Fluid Overload with Rales**

- Treat per **Respiratory Distress Policy**

**Suspected Hyperkalemia (widened QRS complex or peaked T-waves)**

- Obtain 12-Lead EKG

If abnormal - peaked t waves +/- widened QRS complex with symptoms of chest pain, shortness of breath, lightheadedness, weakness, or hypotension)

- Calcium Chloride 1,000 mg IV/IO
- Sodium Bicarbonate 50 mEq IV/IO

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- Continuous Albuterol 5 mg via nebulizer

**Peaked T-Waves are Defined as:** > 5 mm in limb leads and/or > 10 mm in chest leads

APPROVED:

SIGNATURE ON FILE – 07/01/25

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