

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

- **Universal Patient Protocol**
- Give oxygen and/or ventilate PRN per **Airway Policy**
- Continuously monitor O2 saturation, and blood pressure
- 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**

**Pediatric LALS Standing Orders**

- Establish IV
- Capnography

**Hypotension**

- 10-20 mL/kg NS IV bolus; titrated to age-appropriate systolic BP MR x1 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 vascular access, access graft/AV fistula, see **Policy on Pre-Existing Vascular Access Devices**

**Pediatric ALS Standing Orders**

- Monitor EKG
- Establish IV/IO
- Capnography
- Obtain 12 Lead ECG PRN

**Hypotension**

- 10-20 mL/kg NS IV bolus; titrated to age-appropriate systolic BP MR x1 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**

**Pediatric Base Hospital Orders**

- **BHP** – Consult for treatment of arrhythmias, volume overload, or other suspected result of missed hemodialysis, and/or associated kidney failure

APPROVED:

SIGNATURE ON FILE – 07/01/25

Katherine Staats, M.D. FACEP

EMS Medical Director