

Treatment Protocols**Date: 02/01/2021****Hemodialysis Related Emergency/Suspected Hyperkalemia****Policy #9130A****Adult BLS Standing Orders**

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

Adult LALS Standing Order Protocol**For Immediate Definitive Therapy Only:**

- Establish IV in arm that does not have graft/AV fistula if possible

Adult ALS Standing Order Protocol

- Administer continuous ECG, blood pressure, pulse oximetry, and capnography monitoring PRN
- Place IO PRN
- Obtain 12 lead EKG PRN
- Administer 500-1,000 ml IO fluid for hypotension PRN without rales or evidence of fluid overload

For Immediate Definitive Therapy Only

- Establish IO PRN
- In life threatening conditions, and unable to obtain IO or vascular access, access graft/AV fistula, see **Policy #7080 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, or hypotension administer the following medications:
 - Calcium Chloride 10 mg/kg IV / IO, max dose 1 gm
 - Sodium Bicarbonate 1 mEq/kg IV/ IO, max dose 50 mEq (1 amp)
 And
 - Continuous Albuterol 5 mg nebulized IN

Adult Base Hospital Orders

- N/A

APPROVED:

Signature on File

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