

**Treatment Protocols****Date: 07/01/2021****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
- 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

**Hypotension**

- Fluid bolus 1,000 ml\*\*\* IV/IO prn without rales or evidence of fluid overload

**For Immediate Definitive Therapy Only:**

- Establish IV in arm that does not have graft/AV fistula if possible, see **Policy #7080 on Pre-Existing Vascular Access Devices**

**Adult ALS Standing Orders**

- Monitor EKG
- Establish IV/IO
- Capnography

**Hypotension**

- Fluid bolus 1,000 ml\*\*\* IV/IO prn without rales or evidence of fluid overload

**For Immediate Definitive Therapy Only**

- 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)

- Calcium Chloride 10 mg/kg IV/IO, max dose 1 gm
- Sodium Bicarbonate 1 mEq/kg IV/IO, max dose 50 mEq (1 amp)
- Continuous Albuterol 5 mg via nebulizer

APPROVED:

**Treatment Protocols**

**Date: 07/01/2021**

**Hemodialysis Related Emergency/Suspected Hyperkalemia**

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Signature on File

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