

**Contraindications**

- Patients less than age 18
- Diabetic Ketoacidosis

**Nursing**

- STAT 12 lead ECG (if not on a monitored bed) (LOE-E)
- Monitored Bed (if ECG changes are present and/or if  $K^+ \geq 6.0$ )** (LOE-E)
- STAT capillary blood glucose (bedside accucheck) (LOE-E)
- Strict I/Os (LOE-E)

**Laboratory Tests**

- If not already done, STAT BMP (LOE-E)
- STAT Potassium now and call \_\_\_\_\_ with result** (LOE-E)
- STAT Potassium in** (LOE-E)
  - 2 hours and call \_\_\_\_\_ with result**
  - 4 hours and call \_\_\_\_\_ with result**
  - 6 hours and call \_\_\_\_\_ with result**

**Therapies** (All IV therapies may be given through a peripheral line) LOE-E

- Pharmacy Consult Re: Review medication list for potential causes of hyperkalemia**  
(Physician must call pharmacy dept directly for STAT consults)
- 10 units of regular insulin IV x one**
- 1 amp of D50 IV x one

**Following Therapies: not to be used as mono-therapy or first line therapy- See Guideline.**

- STAT 10 mg albuterol nebulizer treatment over 10 minutes
- Sodium Bicarbonate 50 meq IV x one (Consider using in patients with serum bicarbonate levels < 5-10)
- Calcium gluconate 1 gram (10 ml of 10% solution) IV x one over 5 minutes (**Caution:** monitor for infiltration)  
(Cardio protective effect and membrane stabilizer; repeat if ECG changes persist)
- Kayexalate 15 grams (60 grams max) PO/NG x one (May be repeated Q 6 hours until desired  $K^+$  level is achieved)
- Kayexalate 30 grams of per rectum x one (1 gram/kg; usual dose is 30-60 grams in adults) \*\*  
**See Kayexalate retention enema protocol on guidelines**
- IVF NS @ \_\_\_\_\_ ml/hour
- Lasix IV x one
  - 20 mg
  - 40 mg
- 80 mg

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Physician Signature