## Adult Hyperkalemia Management Orders

**DO NOT USE THIS ORDER SET IN DKA PATIENTS**

- Before initiating treatment for hyperkalemia consider whether elevated potassium level is a spurious value.
- If pt has ECG changes due to hyperkalemia, select severe treatment regimen regardless of potassium level.

### General Orders

<table>
<thead>
<tr>
<th>General Orders</th>
<th>Potassium level</th>
<th>STAT, ONCE For 1 Occurrences</th>
</tr>
</thead>
</table>

### Hyperkalemia Treatment Choices

Select treatment options based on degree of hyperkalemia

**Mild Hyperkalemia (5.5 - 5.9 mEq/L)**

- Patients with mild hyperkalemia may respond to diminished potassium intake and removal of potassium sparing medications.
- Insulin treatment is not typically required in patients with mild hyperkalemia unless pt is symptomatic or has changes consistent with hyperkalemia on EKG. Insulin typically reserved for moderate to severe hyperkalemia (see sections below).

- If Serum Potassium greater than 5.5 mEq/L and symptoms of hyperkalemia: Telemetry Monitoring

- Place patient on Telemetry and set alarms as specified

- STAT, UNTIL DISCONTINUED, Starting today
  - Telemetry Instructions: Call remote telemetry monitoring tech when patient arrives on unit, Call remote telemetry CMT when remote telemetry removed BEFORE patient leaves unit
  - Heart rate greater than: 120
  - Heart rate less than: 40
  - PVC greater than (#) per minute: 5
  - ST Segment:
    - Indication for telemetry: Mild Hyperkalemia - Serum potassium greater than 5.5 mEq/L and symptoms of hyperkalemia
    - Permanent pacer?
    - Permanent pacer type:
    - Permanent pacer mode:
    - ICD:
      - Contact Telemetry Monitor Tech (remote or unit based) to establish telemetry monitoring. Call physician for alarms on above parameters, for QT interval greater than or equal to 0.49 seconds, and for a 2mm elevation or depression of ST segment.

- Monitor ST segment

- Patient may remove telemetry to shower

- Patient may travel off unit without telemetry

- Routine, UNTIL DISCONTINUED, Starting today
  - Telemetry can be removed to: Shower
  - Telemetry can be removed to: Go off unit
Heplock/Medlock per nursing policy IV-VA-003

**Routine,** ONCE, Complete Order Set 304000006 - IV Catheter Flush Solution Physician Order Clarification, Maintain IV medlock while on telemetry per Nursing Policy IV-VA-003.

Complete Order Set 304000006-IV Catheter Flush Solution Physician Order Clarification

**Diet low potassium**

DIET EFFECTIVE NOW, Starting today

Amount of Potassium:

Calories/Carbs per serving:

Restrictions:

Fluid restrictions:

Fluid consistency:

Snacks:

Additional modifiers:

Textural modifications:

NPO exceptions:

**sodium polystyrene (KAYEXALATE) suspension**

30 g, Oral, ONCE NOW, Starting today, For 1 Doses

Routine, ONCE For 1 Occurrences, Draw 8 hours after kayexalate administration

5 mg, Nebulization, ONCE NOW, Starting today, For 1 Doses

*If serum potassium 5.9 mEq/L, consider:

albuterol (PROVENTIL, VENTOLIN) nebulizer solution

**Moderate Hyperkalemia (6.0 - 6.4 mEq/L)**

- Order both telemetry and 12-lead for patients with moderate hyperkalemia
- Kayexalate alone should not be used to manage moderate hyperkalemia; use with other potassium lowering medications listed below

**Telemetry Monitoring**

Place patient on Telemetry and set alarms as specified

STAT, UNTIL DISCONTINUED, Starting today

Telemetry Instructions: Call remote telemetry monitoring tech when patient arrives on unit, Call remote telemetry CMT when remote telemetry removed BEFORE patient leaves unit

Heart rate greater than: 120

Heart rate less than: 40

PVC greater than (#) per minute: 5


ST Segment:

Indication for telemetry: Mild Hyperkalemia - Serum potassium greater than 5 mEq/L and symptoms of hyperkalemia

Permanent pacer?

Permanent pacer type:

Permanent pacer mode:

ICD:

Contact Telemetry Monitor Tech (remote or unit based) to establish telemetry monitoring. Call physician for alarms on above parameters, for QT interval greater than or equal to 0.49 seconds, and for a 2mm elevation or depression of ST segment.

Monitor ST segment Routine, UNTIL DISCONTINUED, Starting today

Patient may remove telemetry to shower Routine, UNTIL DISCONTINUED, Starting today

Telemetry can be removed to: Shower
Patient may travel off unit without telemetry

Heplock/Medlock per nursing policy IV-VA-003

Telemetry can be removed to: Go off unit Routine, UNTIL DISCONTINUED, Starting today

Telemetry can be removed to: Go off unit Routine, ONCE, Complete Order Set 304000006 - IV Catheter Flush Solution Physician Order Clarification, Maintain IV medlock while on telemetry per Nursing Policy IV-VA-003.

Complete Order Set 304000006-IV Catheter Flush Solution Physician Order Clarification

12-Lead ECG

Diet low potassium

Insulin + D50

For Dextrose: select 50 mL (25 gram) dose for diabetics and select 100 mL (50 gram) dose for non-diabetics

- Dextrose 50 % injection
- Insulin REGULAR (HumuLIN R,NovoLIN R) injection
- Glucose (Meter) POC

Notify

- Sodium polystyrene (KAYEXALATE) suspension
- *If serum potassium greater than 5.9 mEq/L, consider: albuterol (PROVENTIL, VENTOLIN) nebulizer solution
- *If serum potassium is 6.4 mEq/L, consider: calcium gluconate IV

- Potassium Labs - Ordered to be drawn 2 and 8 hours after potassium lowering medication
- Potassium level in 2 hours
- Potassium level in 8 hours

Severe Hyperkalemia (greater than 6.4 mEq/L OR ECG changes OR symptoms consistent with hyperkalemia)
Order both telemetry and 12-lead for patients with severe hyperkalemia

☐ Telemetry Monitoring

Place patient on Telemetry and set alarms as specified

STAT, UNTIL DISCONTINUED, Starting today
Telemetry Instructions: Call remote telemetry monitoring tech when patient arrives on unit, Call remote telemetry CMT when remote telemetry removed BEFORE patient leaves unit
Heart rate greater than: 120
Heart rate less than: 40
PVC greater than (#) per minute: 5
ST Segment:
Indication for telemetry: Mild Hyperkalemia - Serum potassium greater than 5 mEq/L and symptoms of hyperkalemia
Permanent pacer?
Permanent pacer type:
Permanent pacer mode:
ICD:
Contact Telemetry Monitor Tech (remote or unit based) to establish telemetry monitoring. Call physician for alarms on above parameters, for QT interval greater than or equal to 0.49 seconds, and for a 2mm elevation or depression of ST segment.
Routine, UNTIL DISCONTINUED, Starting today
Telemetry can be removed to: Shower
Routine, UNTIL DISCONTINUED, Starting today
Telemetry can be removed to: Go off unit
Routine, ONCE, Complete Order Set 304000006 - IV Catheter Flush Solution Physician Order Clarification, Maintain IV medlock while on telemetry per Nursing Policy IV-VA-003.

Complete Order Set 304000006-IV Catheter Flush Solution Physician Order Clarification

12-Lead ECG

☐ Monitor ST segment

Patient may remove telemetry to shower

Routine, UNTIL DISCONTINUED, Starting today
Telemetry can be removed to: Shower
Routine, UNTIL DISCONTINUED, Starting today
Telemetry can be removed to: Go off unit
Routine, ONCE, Complete Order Set 304000006 - IV Catheter Flush Solution Physician Order Clarification, Maintain IV medlock while on telemetry per Nursing Policy IV-VA-003.

Complete Order Set 304000006-IV Catheter Flush Solution Physician Order Clarification

Diet low potassium

☐ Insulin + D50 + Albuterol
- **For Dextrose:** select 50 mL (25 gram) dose for diabetics and select 100 mL (50 gram) dose for non-diabetics
- **Albuterol nebulized must be manually selected; Do not order if patient has ECG changes; Use with caution in patients with ischemic heart disease and history of cardiac arrhythmias**

<table>
<thead>
<tr>
<th>Item</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dextrose 50 % injection</td>
<td>Intravenous, ONCE NOW, Starting today, For 1 Doses</td>
</tr>
<tr>
<td>Insulin REGULAR (HumuLIN R,NovoLIN R) injection</td>
<td>10 Units, Intravenous, ONCE NOW, Starting today, For 1 Doses</td>
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<tr>
<td>Albuterol (PROVENTIL, VENTOLIN) nebulizer solution (2.5 mg/3 mL) 0.083% - IF NO ECG CHANGES</td>
<td>10 mg, Nebulization, ONCE NOW, Starting today, For 1 Doses</td>
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<tr>
<td>Glucose (Meter) POC</td>
<td>STAT, SEE COMMENTS, Starting today For 2 Occurrences, Check POC BG 1 hour AND 4 hours after insulin administration for hyperkalemia. Routine, CONTINUOUS For 8 Hours</td>
</tr>
<tr>
<td>Notify</td>
<td>If blood glucose less than (mg/dL): 70</td>
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<tr>
<td>Calcium gluconate IV</td>
<td>2 g, Intravenous, EVERY 30 MIN PRN, other, ECG changes, Starting today, For 6 Hours</td>
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<tr>
<td>If patient hemodynamically stable, administer 2 grams over 30 minutes. <strong>RN PLEASE NOTE</strong>: only one initial dose will be sent by pharmacy. If additional dose(s) required, please call pharmacy and have additional dose sent STAT. Notify MD if ECG does not respond after 3 doses or if patient becomes hemodynamically unstable.</td>
<td></td>
</tr>
<tr>
<td>Sodium polystyrene (KAYEXALATE) suspension</td>
<td>Routine, ONE, Starting today For 1 Occurrences, Draw potassium level two hours after severe hyperkalemia treatment medication(s) administered</td>
</tr>
<tr>
<td>Potassium Labs - Ordered to be drawn 2 and 8 hours after potassium lowering medication</td>
<td>Routine, ONE, Starting today For 1 Occurrences, Draw potassium level eight hours after severe hyperkalemia treatment medication(s) administered</td>
</tr>
<tr>
<td>Potassium level in 2 hours</td>
<td>Routine, CONTINUOUS</td>
</tr>
<tr>
<td>Potassium level in 8 hours</td>
<td>Other: Patient does not respond to medical management to consider nephrology consult and escalation to higher level of care</td>
</tr>
<tr>
<td>Notify MD if patient does not respond to medical management to discuss nephrology consult and escalation to higher level of care</td>
<td>Routine</td>
</tr>
<tr>
<td>Nephrology consult: if potassium level greater than 6.5 mEq/L OR patient develops renal failure OR patient is oligo/anuric</td>
<td>Requesting Attending: Call Back Number (Mobile): Reason for Consult? Consult or Co-management? Consult</td>
</tr>
</tbody>
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