

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

General Orders

 Potassium level

STAT, ONCE For 1 Occurrences

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

Arrhythmias: Asystole, V-tach, V-fib, A-flutter, A-fib

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.

Routine, UNTIL DISCONTINUED, Starting today

Routine, UNTIL DISCONTINUED, Starting today

Telemetry can be removed to: Shower

Routine, UNTIL DISCONTINUED, Starting today

Telemetry can be removed to: Go off unit

☐ Monitor ST segment

☐ Patient may remove telemetry to shower

☐ Patient may travel off unit without telemetry

☐ 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.

☐ Diet low potassium

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

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

"And" Linked Panel

☐ sodium polystyrene (KAYEXALATE) suspension

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

☐ Potassium level

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

☐ *If serum potassium 5.9 mEq/L, consider: albuterol (PROVENTIL, VENTOLIN) nebulizer solution

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

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

Arrhythmias: Asystole, V-tach, V-fib, A-flutter, A-fib

ST Segment:

Indication for telemetry: Mild Hyperkalemia -

Serum potassium greater than 5 mEq/L and symptoms of hyperkalemia

Permanent pacemaker?

Permanent pacemaker type:

Permanent pacemaker 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

Routine, UNTIL DISCONTINUED, Starting today

Telemetry can be removed to: Shower

☐ Monitor ST segment

☐ Patient may remove telemetry to shower

| | |
|---|---|
| <input type="checkbox"/> Patient may travel off unit without telemetry | Routine, UNTIL DISCONTINUED, Starting today Telemetry can be removed to: Go off unit |
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> 12-Lead ECG | Complete Order Set 304000006-IV Catheter Flush Solution Physician Order Clarification STAT, ONCE, Starting today For 1 Occurrences Reason for EKG: Rhythm Strip: With or Without Magnet: DIET EFFECTIVE NOW, Starting today Amount of Potassium: Calories/Carbs per serving: Restrictions: Fluid restrictions: Fluid consistency: Snacks: Additional modifiers: Textural modifications: NPO exceptions: |
| <input type="checkbox"/> Diet low potassium | |
| <input type="checkbox"/> Insulin + D50 | |
| For Dextrose: select 50 mL (25 gram) dose for diabetics and select 100 mL (50 gram) dose for non-diabetics | |
| <input type="checkbox"/> dextrose 50 % injection | Intravenous, ONCE NOW, Starting today, For 1 Doses |
| <input type="checkbox"/> insulin REGULAR (HumuLIN R, NovoLIN R) injection | 10 Units, Intravenous, ONCE NOW, Starting today, For 1 Doses |
| <input type="checkbox"/> Glucose (Meter) POC | STAT, SEE COMMENTS, Starting today For 2 Occurrences, Check POC BG 1 hour AND 4 hours after insulin administration for hyperkalemia. |
| <input type="checkbox"/> Notify | Routine, CONTINUOUS For 8 Hours If blood glucose less than (mg/dL): 70 |
| <input type="checkbox"/> sodium polystyrene (KAYEXALATE) suspension | 30 g, Oral, ONCE NOW, Starting today, For 1 Doses |
| <input type="checkbox"/> *If serum potassium greater than 5.9 mEq/L, consider: albuterol (PROVENTIL, VENTOLIN) nebulizer solution | 10 mg, Nebulization, ONCE NOW, Starting today, For 1 Doses |
| <input type="checkbox"/> *If serum potassium is 6.4 mEq/L, consider: calcium gluconate IV | 2 g, Intravenous, ONCE NOW, Starting today, For 1 Doses Infuse over 30 minutes |
| <input type="checkbox"/> Potassium Labs - Ordered to be drawn 2 and 8 hours after potassium lowering medication | |
| <input type="checkbox"/> Potassium level in 2 hours | Routine, ONCE, Starting today For 1 Occurrences, Draw potassium level two hours after moderate hyperkalemia treatment medication(s) administered |
| <input type="checkbox"/> Potassium level in 8 hours | Routine, ONCE, Starting today For 1 Occurrences, Draw potassium level eight hours after moderate hyperkalemia treatment medication(s) administered |

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

Arrhythmias: Asystole, V-tach, V-fib, A-flutter, A-fib

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

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

STAT, ONCE, Starting today For 1 Occurrences

Reason for EKG:

Rhythm Strip:

With or Without Magnet:

DIET EFFECTIVE NOW, Starting today

Amount of Potassium:

Calories/Carbs per serving:

Restrictions:

Fluid restrictions:

Fluid consistency:

Snacks:

Additional modifiers:

Textural modifications:

NPO exceptions:

- ☐ Monitor ST segment

- ☐ Patient may remove telemetry to shower

- ☐ Patient may travel off unit without telemetry

- ☐ Heplock/Medlock per nursing policy IV-VA-003

☐ 12-Lead ECG

- ☐ 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**

| | |
|---|---|
| <input type="checkbox"/> dextrose 50 % injection | Intravenous, ONCE NOW, Starting today, For 1 Doses |
| <input type="checkbox"/> insulin REGULAR (HumuLIN R, NovoLIN R) injection | 10 Units, Intravenous, ONCE NOW, Starting today, For 1 Doses |
| <input type="checkbox"/> albuterol (PROVENTIL, VENTOLIN) nebulizer solution (2.5 mg/3 mL) 0.083% - IF NO ECG CHANGES | 10 mg, Nebulization, ONCE NOW, Starting today, For 1 Doses |
| <input type="checkbox"/> Glucose (Meter) POC | 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 If blood glucose less than (mg/dL): 70 |
| <input type="checkbox"/> Notify | 2 g, Intravenous, EVERY 30 MIN PRN, other, ECG changes, Starting today, For 6 Hours If patient hemodynamically stable, administer 2 grams over 30 minutes. |
| <input type="checkbox"/> calcium gluconate IV | Repeat dose at 30 minute intervals as needed until ECG normal (up to a max of 3 doses). **RN PLEASE NOTE**: only one initial dose will be sent by pharmacy. If additional dose(s) required, please call pharmacy and have additional dose sent STAT. |
| <input type="checkbox"/> sodium polystyrene (KAYEXALATE) suspension | Notify MD if ECG does not respond after 3 doses or if patient becomes hemodynamically unstable. 30 g, Oral, ONCE NOW, Starting today, For 1 Doses |
| <input type="checkbox"/> Potassium Labs - Ordered to be drawn 2 and 8 hours after potassium lowering medication | |
| <input type="checkbox"/> Potassium level in 2 hours | Routine, ONCE, Starting today For 1 Occurrences, Draw potassium level two hours after severe hyperkalemia treatment medication(s) administered |
| <input type="checkbox"/> Potassium level in 8 hours | Routine, ONCE, Starting today For 1 Occurrences, Draw potassium level eight hours after severe hyperkalemia treatment medication(s) administered |
| <input type="checkbox"/> Notify MD if patient does not respond to medical management to discuss nephrology consult and escalation to higher level of care | Routine, CONTINUOUS Other: Patient does not respond to medical management to consider nephrology consult and escalation to higher level of care |
| <input type="checkbox"/> Nephrology consult: if potassium level greater than 6.5 mEq/L OR patient develops renal failure OR patient is oligo/anuric | Routine Requesting Attending: Call Back Number (Mobile): Reason for Consult? Consult or Co-management? Consult |