

Permanent Patient Record

Patient Identification

CRITICAL CARE PROTOCOL –ELECTROLYTE REPLACEMENT

Date	Time	POTASSIUM REPLACEMENT	
		1. DO NOT START PROTOCOL IF ANY OF THE FOLLOWING CONDITIONS ARE PRESENT AND CALL MD/PA/NP: <ol style="list-style-type: none"> If serum creatinine is > 2.0 Urine output < 30 cc/hour Serum chloride > 115 mEq/L Serum ph < 7.2 Serum potassium < 3.0 mEq/L 	
		2. If PERIPHERAL LINE in place give KCL rate at a rate not to exceed 10 mEq/hour	
		3. If CENTRAL LINE in place, give KCL at a rate not to exceed 20 mEq/hour	
		4. POTASSIUM PROTOCOL (if none of the above mentioned conditions exist)	
		Serum Potassium level mEq	Dose of KCL IV (mEq) RATE AS INDICATED ABOVE FOR PERIPHERAL OR CENTRAL LINE INFUSION
		<3.0	Call MD/PA/NP and give 60mEq rate as written above. Repeat serum Potassium level 30 minutes after infusion complete
		3.1-3.6	60 mEq rate as written above. Repeat serum Potassium level 30 minutes after infusion complete.
		3.7-4.0	40 mEq rate as written above. Do not repeat serum Potassium levels.
		>4.0	Do nothing
Date	Time	MAGNESIUM REPLACEMENT	
		1. DO NOT START PROTOCOL IF ANY OF THE FOLLOWING CONDITIONS ARE PRESENT AND CALL MD/PA/NP: <ol style="list-style-type: none"> Serum creatinine >2.0 mg/dl Urine output < 30 cc/hour 	
		2. Infuse Magnesium Sulfate at rate of 2 gm over 30 minutes via peripheral or central line	
		3. Magnesium Protocol (if none of the above mentioned conditions exist):	
		Magnesium Level	Dose of Magnesium infused at rate of 2 gms over 30minutes
		<1	Call HO and give 10 grams over 150 minutes (2.5 hours)
		1.0-1.2	Give 6 gms over 120 minutes (2 hours)
		1.3-1.4	Give 4 gms over 90 minutes (1.5 hours)
		1.5-1.6	Give 2 gms over 60 minutes (1 hour)
		> 1.7	Do nothing
		No need to repeat level.	
		NURSE SIGNATURE:	DATE: TIME:

NURSE: PLACE IN MEDICATION KARDEX