

### TREATMENT:

- A. Treat per Universal Patient Care protocol.
- B. Obtain 12-lead ECG.
- C. If hyperkalemia is suspected based on history and physical findings:
  - 1. Administer **Calcium Chloride 1000 mg slow IV/IO over 5 – 10 min** in a proximal port may repeat x1.
  - 2. **Sodium Bicarbonate 50 mEq IV/IO may repeat x1.**
  - 3. *High dose Albuterol 10 mg via Nebulizer*

### NOTES & PRECAUTIONS:

- A. Treatment is going to be based on patient history. Renal failure may elevate blood potassium levels (hyperkalemia) causing bradycardia, hypotension, weakness, weak pulse and shallow respirations. Other patients who are predisposed to hyperkalemia are those who have muscular dystrophy, paraplegia/quadriplegia, crush injury, or patients who have sustained serious burns > 48 hrs.
- B. ECG changes that may be present with hyperkalemia include
  - 1. Peaked T waves.
  - 2. Lowered P wave amplitude or no P waves.
  - 3. Prolonged P - R interval (> 0.20 seconds).
  - 4. Second degree AV blocks.
  - 5. Widened QRS complex.
- C. DO NOT mix Sodium Bicarbonate solutions with calcium preparations. Slowly flush remaining Calcium Chloride from the catheter prior to administering Sodium Bicarbonate.
- D. In the Cardiac Arrest setting consider Calcium Chloride in known dialysis patients.
- E. Treatment goals include narrowing wide QRS, increasing LOC's, and improving BP
- F. Consider Treating Hyperkalemia in suspected Brash Syndrome:
  - 1. B – Bradycardia
  - 2. R – Renal Failure
  - 3. A – AV Blockade (Beta Blockers, Calcium Channel Blockers)
  - 4. S – Shock
  - 5. H - Hyperkalemia

### KEY CONSIDERATIONS:

Previous medical history, medications and allergies, trauma

### PEDIATRIC PATIENTS:

- A. **Calcium Chloride 20 mg/kg slow IV/IO over 5 – 10 min.** Max dose 1 gram.