



**COHESIVE HEALTHCARE MANAGEMENT & CONSULTING**

**Mangum Regional Medical Center**

TITLE		POLICY
<b>Electrolyte Protocol</b>		<b>DRP-006</b>
MANUAL	EFFECTIVE DATE	REVIEW DATE
<b>Drug Room</b>	<b>10-1-2020</b>	<b>10-1-2020</b>
DEPARTMENT	REFERENCE	
<b>Drug Room</b>	<a href="http://www.surgicalcriticalcare.net">http://www.surgicalcriticalcare.net</a>	

**SCOPE**

This policy applies to all adult patients receiving care and treatment at Mangum Regional Medical Center.

**PURPOSE**

The purpose of this protocol is to assist with streamlining the treatment of electrolyte abnormalities in a timely manner and provider administration instructions for these medications.

**PROCEDURE**

**Electrolyte Replacement Protocol**

Medication/ How supplied	Dosing/Admin. Instructions	Monitoring Parameters
<b>Calcium Chloride</b> (1g/10mL prefilled syringe)	Infuse over 2-5 minutes IV push for life-threatening cardiac arrhythmias	3 times more concentrated than Calcium Gluconate.  Not compatible with Rocephin.
<b>Calcium Gluconate</b> (1g vial)	<b>Calcium gluconate 1g/NS 100mL</b> Infuse over 1 hour (100mL/hr)  <b>Calcium gluconate 2g/NS 100mL</b> Infuse over 1 hour (100mL/hr)	Admin. as IV PB to reduce the risk of extravasation.  Not compatible with Rocephin.

<b>Magnesium Sulfate</b> (1g/D5W 100 premix)	Infuse each 1 gram ordered no faster than 1 hour (100mL/hr)	Ideally admin. Magnesium Sulfate first if ordered at the same time as Potassium Chloride.
<b>Potassium Chloride</b> (20mEq/NS 100mL premix)	For peripheral IV line:  Admin. no faster than 10mEq/hr (50mL/hr)  For central IV line:  Admin. no faster than 20mEq/hr (100mL/hr)	For doses > 20mEq: use multiple premix bags.  Use cardiac monitoring for admin. rates greater than 10mEq per hour.
<b>Potassium Phosphate</b> 30mMol/15mL vial	K Phos dose/NS 250mL  Infuse over 6 hours (42mL/hr)	Max dose is K Phos 30mMol every 24 hours.

## REFERENCES

[http://www.surgicalcriticalcare.net/Guidelines/electrolyte\\_replacement.pdf](http://www.surgicalcriticalcare.net/Guidelines/electrolyte_replacement.pdf)

## ATTACHMENTS

None.

## REVISIONS/UPDATES

Date	Brief Description of Revision/Change