



# London Health Sciences Centre

## Critical Care ELECTROLYTE REPLACEMENT PREPRINTED ORDER PAGE 1 OF 2

KEY: R - REQUISITIONED P - PROCESSED (KARDEX)

NON-MEDICATION ORDERS	R	P	MEDICATION ORDERS	P
<p><b>Reason for Exam / Clinical History and Contact # required for all Radiology / Nuclear Medicine orders.</b></p> <p><b>Contraindications:</b> Preprinted Electrolyte Replacement Orders should not be used for patients with -</p> <ul style="list-style-type: none"> <li>- Renal insufficiency with creatinine greater than 200 umol/L</li> <li>- Severe oliguria (less than 30 mL/h) or anuria</li> </ul> <p><input type="checkbox"/> <b>NOTIFY M.D. if:</b></p> <ul style="list-style-type: none"> <li>• K<sup>+</sup> less than or equal to 2.9</li> <li>• Contraindications exist and electrolyte orders cannot be carried out</li> </ul> <p><input type="checkbox"/> Repeat electrolytes, phosphate, Mg 2 hours post electrolyte bolus</p>			<p><b>Note:</b> All IV electrolyte replacements must be given via infusion pump.</p> <p><input type="checkbox"/> <b>Phosphate Replacement:</b> Serum phosphate is less than 0.8 mmol/L</p> <p><b>AND:</b> <b>K<sup>+</sup> less than or equal to 3.5 mmol/L with central venous access</b> Phosphate 30 mmol as potassium salt in 100 mL IV solution over 2 hours. Do not give additional K<sup>+</sup> replacement as 30 mmol of potassium phosphate provides 44 mmol of K<sup>+</sup>.</p> <p><b>K<sup>+</sup> less than or equal to 3.5 mmol/L with peripheral venous access</b> Phosphate 30 mmol as potassium salt in 500 mL IV solution over 4 hours. Do not give additional K<sup>+</sup> replacement as 30 mmol of potassium phosphate provides 44 mmol of K<sup>+</sup>.</p> <p><b>K<sup>+</sup> greater than 3.5 mmol/L</b> Phosphate 30 mmol as sodium salt in 100 mL IV solution over 2 hours via peripheral or central venous catheter.</p> <p><b>OR</b> <b>Patient tolerating enteral feeds and K<sup>+</sup> greater than 3.5</b> Phosphate effervescent tablet 1,000 mg per NG/po x 1 dose.</p> <p><input type="checkbox"/> <b>Potassium Replacement:</b> Administer potassium replacement according to one of the following:</p> <p><b>K<sup>+</sup> less than or equal to 3.2 mmol/L with central venous access,</b> KCl 40 mmol in 100 mL IV solution over 1 hour.</p> <p><b>K<sup>+</sup> less than or equal to 3.2 mmol/L with peripheral venous access</b> KCl 10 mmol in 100 mL IV solution over 1 hour X 4 doses.</p> <p><b>Patient tolerating enteral feeds and K<sup>+</sup> less than or equal to 3.2 mmol/L</b> KCl 40 mmol per NG/po X 1 dose (do not crush enteric coated oral tablets).</p>	

**ORDER CONTINUED ON PAGE 2**

PRESCRIBER'S PRINTED NAME / SIGNATURE / CONTACT #:	DATE (YYYY/MM/DD):	TIME:
PROCESSOR INITIALS:	DATE (YYYY/MM/DD):	TIME:
NURSE INITIALS:	DATE (YYYY/MM/DD):	TIME:



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Sciences Centre**

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			<p><b>Potassium Replacement cont'd.</b></p> <p><b>K<sup>+</sup> greater than 3.2 and less than or equal to 3.5 mmol/L with central venous access</b> KCl 20 mmol in 100 mL IV solution over 1 hour.</p> <p><b>K<sup>+</sup> greater than 3.2 and less than or equal to 3.5 mmol/L with peripheral venous access</b> KCl 10 mmol in 100 mL IV solution over 1 hour X 2 doses.</p> <p><b>Patient tolerating enteral feeds and K<sup>+</sup> greater than 3.2 and less than or equal to 3.5 mmol/L</b> KCl 20 mmol per NG/po X 1 dose (do not crush enteric coated tablets).</p> <p><input type="checkbox"/> <b>MAGNESIUM REPLACEMENT:</b> <b>Serum Mg<sup>++</sup> less than 0.7 mmol/L</b> Magnesium sulphate 2 gm in 100 mL IV solution over 1 hour via central or peripheral venous access.</p>	

Draft July 9, 2010

<b>ORDERS INITIATED ON PAGE 1</b>					
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TIME:		NURSE INITIALS:		DATE (YYYY/MM/DD):	
TIME:		TIME:		TIME:	