LONDON
Health Sciences Centre

Critical Care

Sample

ELECTROLYTE REPLACEMENT PREPRINTED ORDER

KEY: R - REQUISITIONED P - PROCESSED (KARDEX) P & T 2002/11/26

NON-MEDICATION ORDERS	R	P	MEDICATION ORDERS	P

Contraindications to using the Preprinted Electrolyte Replacement Orders.

1. Renal insufficiency with creatinine > 200 umol/L.
2. Severe oliguria (< 30 mL/h) or anuria.
3. Chronic renal failure on renal replacement therapy.

NOTIFY M.D.

1. If $K^+ \leq 2.9$ initiate appropriate electrolyte replacement **and** notify M.D.
2. If contraindications exist and electrolyte orders cannot be carried out.

Repeat Electrolytes:

2 hours following an electrolyte bolus.

Electrolyte Replacement:

Note: All I.V. electrolyte replacements must be given via infusion pump.

Phosphate Replacement:

If serum phosphate < 0.8 mmol/L

AND:

1. **$K^+ \leq 3.5$ mmol/L**
   give 30 mmol ***potassium phosphate*** in 100 mL I.V. solution over 2 hours.
   Do not give additional K^+ replacement as this will provide 44 mmol of K^+.
2. **$K^+ > 3.5$ mmol/L**
   give 30 mmol ***sodium phosphate*** in 100 mL I.V. solution over 2 hours.
3. **Patient tolerating enteral feeds**
   give phosphate effervescent tablet 1000 mg per NG/p.o. x 1 dose *instead* of I.V. route.

Potassium Replacement:

1. **If $K^+ \leq 3.2$ mmol/L**
   give 40 mmol KCl in 100 mL I.V. solution over 1 hour
   OR 40 mmol per NG/p.o. x 1 dose (do not use enteric coated oral tablets)
2. **If $K^+ > 3.2$ and ≤ 3.5 mmol L**
   give 20 mmol KCl in 100 mL I.V. solution over 1 hour
   OR 20 mmol per NG/p.o. x 1 dose (do not use enteric coated oral tablets).

Magnesium Replacement:

If serum $Mg^{++} < 0.7$ mmol/L
OR **ionized $Mg^{++} < 0.53$ mmol/L (Novastat)**
give 2 gm magnesium sulfate in 100 mL I.V. solution over 1 hour.

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