

## ICU Electrolyte Protocol with NORMAL Magnesium Replacement [1199]

These orders are intended for the treatment of electrolyte depletion in ADULTS. ELECTROLYTE ORDERS SHOULD BE ASSESSED FOR APPROPRIATENESS DAILY

The orders do not apply for patients with the following unless specified:

- ESRD or acute renal insufficiency
- DKA
- Pregnancy induced hypertension.

For patients with dosing or monitoring needs other than those outlined, please submit separate orders. The protocol will be discontinued if a patient develops acute renal failure (rise in serum creatinine greater than or equal to 0.5 mg/dL or UOP less than 30 mL/hr.

### General

### Nursing

#### Protocols

<input type="checkbox"/> Electrolyte replacement protocol - Potassium	Routine, Until discontinued, Starting S These orders are intended for the treatment of electrolyte depletion in ADULTS. The orders may not be appropriate for patients with ESRD, acute renal insufficiency, chronic heart failure, DKA or pregnancy induced hypertension. ELECTROLYTE ORDERS SHOULD BE ASSESSED FOR APPROPRIATENESS DAILY. For patients with dosing or monitoring needs other than those outlined below, please submit separate orders.
<input type="checkbox"/> Electrolyte replacement protocol - Magnesium	Routine, Until discontinued, Starting S These orders are intended for the treatment of electrolyte depletion in ADULTS. The orders may not be appropriate for patients with ESRD, acute renal insufficiency, chronic heart failure, DKA or pregnancy induced hypertension. ELECTROLYTE ORDERS SHOULD BE ASSESSED FOR APPROPRIATENESS DAILY. For patients with dosing or monitoring needs other than those outlined below, please submit separate orders.
<input type="checkbox"/> Electrolyte replacement protocol - Phosphate	Routine, Until discontinued, Starting S These orders are intended for the treatment of electrolyte depletion in ADULTS. The orders may not be appropriate for patients with ESRD, acute renal insufficiency, chronic heart failure, DKA or pregnancy induced hypertension. ELECTROLYTE ORDERS SHOULD BE ASSESSED FOR APPROPRIATENESS DAILY. For patients with dosing or monitoring needs other than those outlined below, please submit separate orders.
<input type="checkbox"/> Electrolyte replacement protocol - Calcium	Routine, Until discontinued, Starting S These orders are intended for the treatment of calcium depletion in ADULTS. The orders may not be appropriate for patients with ESRD, acute renal insufficiency, chronic heart failure, DKA or pregnancy induced hypertension. CALCIUM REPLACEMENT ORDERS SHOULD BE ASSESSED FOR APPROPRIATENESS DAILY. For patients with dosing or monitoring needs other than those outlined, please submit separate orders.

#### Notify

<input type="checkbox"/> Notify Physician if potassium is less than 3 mEq/L or greater than 6 mEq/L	Routine, Until discontinued, Starting S
<input type="checkbox"/> Notify Physician if magnesium is less than 1 mg/dL or greater than 4.5 mg/dL	Routine, Until discontinued, Starting S

<input type="checkbox"/> Notify Physician if phosphate is less than 0.9 mg/dL or greater than 9 mg/dL	Routine, Until discontinued, Starting S
<input type="checkbox"/> Notify Physician if calcium is less than 0.75 mmol/L or greater than 1.5 mmol/L; serum creatinine is greater than 1 mg/dL in 24 hours; urine output less than 0.5 ml/kg/hr	Routine, Until discontinued, Starting S

## IV Fluids

## Medications

### Potassium (Single Response)

Potassium Level (mEq/L) Potassium Chloride Dose Monitoring  
 3.5 - 3.7 20 mEq PO or IV 8 hours post administration  
 3.2 - 3.4 60 mEq PO or IV  
 LESS THAN 3.2 80 mEq IV ONLY 2 hours post administration  
 Select CENTRAL or PERIPHERAL line order options based on available access  
 Patients tolerating oral feeding without symptomatic electrolyte abnormalities should receive oral replacement.

() For potassium 3.5-3.7 mEq/L (Single Response)	
() potassium chloride CENTRAL LINE <b>"And" Linked Panel</b>	
<input type="checkbox"/> potassium chloride 20 mEq in 100 mL IVPB	20 mEq, intravenous, for 60 Minutes, once, For 1 Doses Total dose 20 mEq. Recheck potassium level 8 hours after total dose is administered. For Central Line administration ONLY
<input type="checkbox"/> Recheck potassium level	Once, Starting H+10 Hours For 1 Occurrences Recheck potassium level 8 hours after total dose is administered.
() potassium chloride PERIPHERAL LINE <b>"And" Linked Panel</b>	
<input type="checkbox"/> potassium chloride 10 mEq in 100 mL IVPB	10 mEq, intravenous, every 1 hour, For 2 Doses Total dose 20 mEq. Recheck potassium level 8 hours after total dose is administered. For Peripheral Line administration ONLY
<input type="checkbox"/> Recheck potassium level	Once, Starting H+11 Hours For 1 Occurrences Recheck potassium level 8 hours after total dose is administered.
() potassium chloride tablet <b>"And" Linked Panel</b>	
<input type="checkbox"/> potassium chloride (K-DUR) CR tablet	20 mEq, oral, once, For 1 Doses Total dose 20 mEq. Recheck potassium level 8 hours after total dose is administered.
<input type="checkbox"/> Recheck potassium level	Once, Starting H+9 Hours For 1 Occurrences Recheck potassium level 8 hours after total dose is administered.
() potassium chloride oral packet <b>"And" Linked Panel</b>	
<input type="checkbox"/> potassium chloride (KLOR-CON) packet	20 mEq, oral, once, For 1 Doses Total dose 20 mEq. Recheck potassium level 8 hours after total dose is administered.
<input type="checkbox"/> Recheck potassium level	Once, Starting H+9 Hours For 1 Occurrences Recheck potassium level 8 hours after total dose is administered.
() For potassium 3.2-3.4 mEq/L (Single Response)	
() potassium chloride CENTRAL LINE <b>"And" Linked Panel</b>	
<input type="checkbox"/> Potassium chloride 20 mEq/100 mL	20 mEq, intravenous, for 60 Minutes, every 1 hour, For 3 Doses Total dose 60 mEq. Recheck potassium level 8 hours after total dose is administered. For Central Line administration ONLY
<input type="checkbox"/> Recheck potassium level	Once, Starting H+12 Hours For 1 Occurrences Recheck potassium level 8 hours after total dose is administered.
() potassium chloride PERIPHERAL LINE <b>"And" Linked Panel</b>	
<input type="checkbox"/> Potassium chloride 10 mEq/100 mL	10 mEq, intravenous, every 1 hour, For 6 Doses Total 60 mEq. Recheck potassium level 8 hours after total dose is administered. For Peripheral Line administration ONLY
<input type="checkbox"/> Recheck potassium level	Once, Starting H+15 Hours For 1 Occurrences Recheck potassium level 8 hours after total dose is administered.
() potassium chloride tablet <b>"And" Linked Panel</b>	
<input type="checkbox"/> potassium chloride (K-DUR) CR tablet	60 mEq, oral, once, For 1 Doses Total dose 60 mEq. Recheck potassium level 8 hours after total dose is administered.

<input type="checkbox"/> Recheck potassium level	Once, Starting H+9 Hours For 1 Occurrences Recheck potassium level 8 hours after total dose is administered.
<input type="checkbox"/> potassium chloride oral packet	<b>"And" Linked Panel</b>
<input type="checkbox"/> potassium chloride (KLOR-CON) packet	20 mEq, oral, every 15 min, For 3 Doses Total dose 60 mEq. Recheck potassium level 8 hours after total dose is administered.
<input type="checkbox"/> Recheck potassium level	Once, Starting H+9 Hours For 1 Occurrences Recheck potassium level 8 hours after total dose is administered.

( ) For potassium level LESS than 3.2 mEq/dL (Single Response)

<input type="checkbox"/> potassium chloride CENTRAL LINE	<b>"And" Linked Panel</b>
<input type="checkbox"/> Potassium chloride 20 mEq/100 mL	20 mEq, intravenous, for 60 Minutes, every 1 hour, For 4 Doses Total dose 80 mEq. Recheck potassium level 2 hours after total dose is administered. For Central Line administration ONLY
<input type="checkbox"/> Recheck potassium level	Once, Starting H+7 Hours For 1 Occurrences Recheck potassium level 2 hours after total dose is administered.
<input type="checkbox"/> potassium chloride PERIPHERAL LINE	<b>"And" Linked Panel</b>
<input type="checkbox"/> Potassium chloride 10 mEq/100 mL	10 mEq, intravenous, every 1 hour, For 8 Doses Total dose 80 mEq. Recheck potassium level 2 hours after total dose is administered. For Peripheral Line administration ONLY
<input type="checkbox"/> Recheck potassium level	Once, Starting H+11 Hours For 1 Occurrences Recheck potassium level 2 hours after total dose is administered.

**Normal Magnesium (Single Response)**

Magnesium Level (mg/dL) Magnesium Sulfate IV Dose Monitoring  
 1.5 - 1.9 3 g IV AM labs  
 1.0 - 1.4 4 g IV 2 hours post administration  
 LESS THAN 1.0 4 g IV 2 hours post administration AND Contact MD

( ) For magnesium 1.5-1.9 mg/dL

<input type="checkbox"/> magnesium sulfate IV 3 gram	3 g, intravenous, once, For 1 Doses Total dose 3 gm: Infusion rate is 3 gm over 3 hours for peripheral or central infusion. Recheck magnesium level in AM.
<input type="checkbox"/> Recheck magnesium level	AM draw For 1 Occurrences Recheck magnesium level in AM.

( ) For magnesium 1-1.4 mg/dL

<input type="checkbox"/> magnesium sulfate IV 4 gram	<b>"And" Linked Panel</b> 4 g, intravenous, once, For 1 Doses Total dose 4 gm. Infusion rate is 4 gm over 4 hours for peripheral or central infusion. Recheck magnesium level 2 hours after total dose is administered.
<input type="checkbox"/> Recheck magnesium level	Once, Starting H+7 Hours For 1 Occurrences Recheck magnesium level 2 hours after total dose is administered and reapply order as needed.

( ) For magnesium LESS THAN 1 mg/dL

<input type="checkbox"/> magnesium sulfate IV 4 gram total dose	<b>"And" Linked Panel</b> 4 g, intravenous, once, For 1 Doses Contact physician immediately for magnesium level LESS than 1 mg/dL Infusion rate is 4 gm over 4 hours for peripheral or central infusion.
<input type="checkbox"/> Notify Physician for magnesium LESS THAN 1 mg/dL	Routine, Until discontinued, Starting S
<input type="checkbox"/> Recheck magnesium level	Once, Starting H+7 Hours For 1 Occurrences Recheck magnesium level 2 hours after total dose is administered.

**Phosphate (Single Response)**

Phosphate Level (mg/dL) Sodium Phosphate  
 IV Dose Phospha Neutral 250  
 PO Dose Monitoring  
 2 - 2.4 30 mmol IV 6 (2 tabs q4 hours x3) AM labs

1.5 - 1.9 40 mmol IV 8 (2 tabs q4 hours x4)  
 LESS THAN 1.5 60 mmol IV -- 2 hours post administration  
 Patients tolerating oral feeding without symptomatic electrolyte abnormalities should receive oral replacement.

() For phosphate 2 - 2.4 mg/dL (Selection Required)	
[] Phosphate IV or PO (Single Response) (Selection Required)	
( ) sodium phosphate IVPB	30 mmol, intravenous, once, For 1 Doses Total dose 30 mmol. Recheck phosphorous level in AM.
( ) sod phos di, mono-K phos (PHOSPHA 250 NEUTRAL) tablet	2 tablet, oral, every 4 hours, For 3 Doses
[] Phosphorus level AM draw For 1 Occurrences Recheck phosphorous level in AM.	
() For phosphate 1.5 - 1.9 mg/dL (Selection Required)	
[] Phosphate IV or PO (Single Response) (Selection Required)	
( ) sodium phosphate IVPB	40 mmol, intravenous, once, For 1 Doses Total dose 40 mmol. Recheck phosphorous level in AM.
( ) sod phos di, mono-K phos (PHOSPHA 250 NEUTRAL) tablet	2 tablet, oral, every 4 hours, For 4 Doses
[] Phosphorus level AM draw For 1 Occurrences Recheck phosphorous level in AM.	
() For phosphate LESS THAN 1.5 mg/dL <b>"And" Linked Panel</b>	
[] sodium phosphate IVPB 60 mmol, intravenous, once, For 1 Doses Total dose 60 mmol. Recheck phosphorous level 2 hours after total dose is administered.	
[] Phosphorus level Once, Starting H+7 Hours For 1 Occurrences Recheck phosphorous level 2 hours after total dose is administered.	

**Calcium (Single Response)**

Ionized Calcium Level (mg/dL) Calcium Gluconate IV PERIPHERAL LINE Calcium Chloride  
 CENTRAL LINE Monitoring  
 1.05 - 1.10 6 g IV 2 g IV 8 hours post administration  
 0.91 - 1.04 6 g IV and  
 Contact provider 3 g IV  
 LESS THAN 0.91 Contact provider 4 g IV  
 Select CENTRAL or PERIPHERAL line order options based on available access

() For ionized calcium 1.05-1.10 mg/dL (Single Response)	
() Calcium gluconate PERIPHERAL LINE <b>"And" Linked Panel</b>	
[] calcium gluconate 6 g IVPB 1 g, intravenous, for 30 Minutes, every 30 min, For 6 Doses Total dose 6 gm. Recheck ionized calcium level 8 hours after total dose is administered.	
[] Ionized calcium Once, Starting H+11 Hours For 1 Occurrences Recheck ionized calcium level 8 hours after total dose is administered	
() Calcium chloride CENTRAL LINE <b>"And" Linked Panel</b>	
[] calcium chloride 2 g IVPB 1 g, intravenous, for 60 Minutes, every 1 hour, For 2 Doses IRRITANT. Infuse through Central Line only. Total dose 2 gm. Recheck ionized calcium level 8 hours after total dose is administered. Do not infuse in the same IV line as phosphate-containing solutions. Stop the infusion if patient complains of pain or discomfort. Infuse NO faster than 1 gm per hour.	
[] Ionized calcium Once, Starting H+10 Hours For 1 Occurrences Recheck ionized calcium level 8 hours after total dose is administered	

( ) For ionized calcium 0.91-1.04 mg/dL (Single Response)

() Calcium gluconate PERIPHERAL LINE	<b>"And" Linked Panel</b>
[ ] calcium gluconate 6 g IVPB	1 g, intravenous, for 30 Minutes, every 30 min, For 6 Doses Total dose 6 gm. Recheck ionized calcium level 8 hours after total dose is administered. For ionized calcium level LESS than 0.91 mMol/mL, contact physician and consider administration of IV calcium replacement using a Central Line.
[ ] Ionized calcium	Once, Starting H+11 Hours For 1 Occurrences Recheck ionized calcium level 8 hours after total dose is administered
[ ] Notify Physician for ionized calcium 0.91-1.04 mg/dL to consider central line for additional replacement.	Routine, Until discontinued, Starting S, Please Notify physician for ionized calcium 0.91-1.04 mg/dl to consider central line for additional replacement.
() Calcium chloride CENTRAL LINE	<b>"And" Linked Panel</b>
[ ] calcium chloride 3 g IVPB	1 g, intravenous, for 60 Minutes, every 1 hour, For 3 Doses IRRITANT. Infuse through Central Line only. Total dose 3 gm. Recheck ionized calcium level 8 hours after total dose is administered. Do not infuse in the same IV line as phosphate-containing solutions. Stop the infusion if patient complains of pain or discomfort. Infuse NO faster than 1 gm per hour.
[ ] Ionized calcium	Once, Starting H+11 Hours For 1 Occurrences Recheck ionized calcium level 8 hours after total dose is administered
() For ionized calcium LESS THAN 0.9 mg/dL	<b>"And" Linked Panel</b>
[ ] calcium chloride 4 g IVPB	1 g, intravenous, for 60 Minutes, every 1 hour, For 4 Doses IRRITANT. Infuse through Central Line only. If no central line available, contact provider.  Total dose 4 gm. Recheck ionized calcium level 8 hours after total dose is administered. Do not infuse in the same IV line as phosphate-containing solutions. Stop the infusion if patient complains of pain or discomfort. Infuse NO faster than 1 gm per hour.
[ ] Ionized calcium	Once, Starting H+12 Hours For 1 Occurrences Recheck ionized calcium level 8 hours after total dose is administered

- Labs
- VTE
- Cardiology
- Diagnostic Imaging
- Other Diagnostic Studies
- Respiratory
- Rehab
- Consults
- Additional Orders