

Inpatient Cell And Gene Therapy Electrolyte Replacement Protocol [5680]

These orders are intended for the treatment of electrolyte depletion in Adult Cell and Gene Therapy patients ONLY .
ELECTROLYTE ORDERS SHOULD BE ASSESSED FOR APPROPRIATENESS DAILY

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

Calculated Creatinine Clearance (CrCl) LESS than 50 mL/minute or patient receiving dialysis

Serum creatinine has increased by 0.3 mg/dL since last value reported or urine output LESS than 500 mL during last 24 hours

Body weight LESS than 30 kg

DKA

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

[] Cell and Gene Therapy Electrolyte Replacement Protocol - Potassium	Routine, Until discontinued, Starting S These orders are intended for the treatment of electrolyte depletion in ADULTS. Do NOT use these orders for patients with the following: calculated creatinine clearance (CrCl) LESS than 50 mL/minute or patient receiving dialysis, serum creatinine has increased by 0.3 mg/dL since last value reported or urine output LESS than 500 mL during last 24 hours, body weight LESS than 30 kg, patients with DKA. ELECTROLYTE ORDERS SHOULD BE ASSESSED FOR APPROPRIATENESS DAILY. For patients with dosing or monitoring needs other than those outlined below, please submit separate orders.
[] Cell and Gene Therapy Electrolyte Replacement Protocol - Magnesium	Routine, Until discontinued, Starting S These orders are intended for the treatment of electrolyte depletion in ADULTS. Do NOT use these orders for patients with the following: calculated creatinine clearance (CrCl) LESS than 50 mL/minute or patient receiving dialysis, serum creatinine has increased by 0.3 mg/dL since last value reported or urine output LESS than 500 mL during last 24 hours, body weight LESS than 30 kg, patients with DKA. ELECTROLYTE ORDERS SHOULD BE ASSESSED FOR APPROPRIATENESS DAILY. For patients with dosing or monitoring needs other than those outlined below, please submit separate orders.
[] Cell and Gene Therapy Electrolyte Replacement Protocol - Phosphate	Routine, Until discontinued, Starting S These orders are intended for the treatment of electrolyte depletion in ADULTS. Do NOT use these orders for patients with the following: calculated creatinine clearance (CrCl) LESS than 50 mL/minute or patient receiving dialysis, serum creatinine has increased by 0.3 mg/dL since last value reported or urine output LESS than 500 mL during last 24 hours, body weight LESS than 30 kg, patients with DKA. ELECTROLYTE ORDERS SHOULD BE ASSESSED FOR APPROPRIATENESS DAILY. For patients with dosing or monitoring needs other than those outlined below, please submit separate orders.

Notify

[] Notify Physician if potassium is less than 3.2 mEq/L or greater than 5.5 mEq/L	Routine, Until discontinued, Starting S
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- | | |
|---|---|
| <input type="checkbox"/> Notify Physician if magnesium is less than 1.2 mg/dL or greater than 4.5 mg/dL | Routine, Until discontinued, Starting S |
| <input type="checkbox"/> Notify Physician if phosphate is less than 1.5 mg/dL or greater than 9 mg/dL | Routine, Until discontinued, Starting S |

IV Fluids

Medications

Potassium (Single Response)

Potassium Level (mEq/L) Potassium Chloride Dose Monitoring

3.8 - 3.9 20 mEq PO or IV Recheck with AM labs

3.5 - 3.7 40 mEq PO or IV Recheck with AM labs

3.2 - 3.4 60 mEq PO or IV Recheck with AM labs

LESS THAN 3.2 80 mEq IV via CENTRAL ONLY Recheck level 2 hours post-administration AND contact provider

Patients without significant nausea/vomiting/diarrhea/mucositis or symptomatic electrolyte abnormalities should receive oral replacement

Confirm patient line access prior to ordering

If both serum magnesium and serum potassium are low, replace magnesium first or at the same time. However, if serum potassium is less than 3.2 and unable to give potassium and magnesium at the same time, replace all potassium first

MAX CENTRAL Line Infusion Rate: 20 mEq /hour (including Potassium contained in IV fluids/TPN)

MAX PERIPHERAL Line Infusion Rate: 10 mEq /hour (including Potassium contained in IV fluids/TPN)

() potassium 3.8-3.9 mEq/L (Single Response)	
() potassium chloride CENTRAL LINE	20 mEq, intravenous, for 60 Minutes, once, For 1 Doses Total dose 20 mEq. For Central Line administration ONLY
() potassium chloride PERIPHERAL LINE	10 mEq, intravenous, for 120 Minutes, every 2 hours, For 2 Doses Total dose 20 mEq. For Peripheral Line administration ONLY
() potassium chloride (MICRO-K) CR capsule	20 mEq, oral, once, For 1 Doses Total dose 20 mEq.
() potassium 3.5-3.7 mEq/L (Single Response)	
() potassium chloride CENTRAL LINE	40 mEq, intravenous, for 2 Hours, once, For 1 Doses Total dose 40 mEq. For Central Line administration ONLY
() potassium chloride PERIPHERAL LINE	10 mEq, intravenous, for 120 Minutes, every 2 hours, For 4 Doses Total dose 40 mEq. For Peripheral Line administration ONLY
() potassium chloride (MICRO-K) CR capsule	40 mEq, oral, once, For 1 Doses Total dose 40 mEq
() potassium 3.2-3.4 mEq/L (Single Response)	
() potassium chloride CENTRAL LINE	20 mEq, intravenous, for 60 Minutes, every 1 hour, For 3 Doses Total dose 60 mEq. For Central Line administration ONLY
() potassium chloride PERIPHERAL LINE	10 mEq, intravenous, for 120 Minutes, every 2 hours, For 6 Doses Total 60 mEq. For Peripheral Line administration ONLY
() potassium chloride (MICRO-K) CR capsule	60 mEq, oral, once, For 1 Doses
() potassium level LESS than 3.2 mEq/L "And" Linked Panel	
<input type="checkbox"/> potassium chloride IVPB	40 mEq, intravenous, for 2 Hours, every 2 hours, For 2 Doses Total dose 80 mEq. Recheck potassium level 2 hours after total dose is administered. For Central Line administration ONLY
<input type="checkbox"/> Potassium level	Once Repeat potassium level 2 hours after completion of potassium

Magnesium (Single Response)

Magnesium Level (mg/dL) Magnesium Dose Monitoring

1.5 - 1.9 2 g IV or 800 mg PO Recheck with AM labs

LESS THAN 1.5 4 g IV or

800 mg Q12H for 2 doses if between 1.2-1.4 mg/dL Recheck 2 hours post IV administration AND Contact provider if level LESS than 1.2

Patients without significant nausea/vomiting/diarrhea/mucositis or symptomatic electrolyte abnormalities should receive oral replacement

If both serum magnesium and serum potassium are low, replace magnesium first or at the same time. However, if serum potassium is less than 3.2 and unable to give potassium and magnesium at the same time, replace all potassium first

MAX Infusion Rate: 1 g/hr (8 mEq/hr) (including Magnesium contained in IV fluids/TPN)

magnesium 1.5-1.9 mg/dL (Single Response)

- | | |
|--|--|
| <input type="checkbox"/> magnesium sulfate IV | 2 g, intravenous, once, For 1 Doses
Total dose 2 gm: Infusion rate is 2 gm over 2 hours for central infusion and 2 g over 4 hours for peripheral infusions. Recheck magnesium level in AM |
| <input type="checkbox"/> magnesium oxide (MAG-OX) tablet | 800 mg, oral, once, For 1 Doses
Total dose 800 mg |

magnesium LESS than 1.5 mg/dL

Magnesium IV or PO (Single Response)

- | | |
|--|--|
| <input type="checkbox"/> magnesium sulfate IV | 4 g, intravenous
Total dose 4 gm: Infusion rate is 4 gm over 4 hours for central infusion and over 8 hours for peripheral infusion. Recheck magnesium level 2 hours after infusion completion |
| <input type="checkbox"/> magnesium oxide (MAG-OX) tablet | 800 mg, oral, every 12 hours
ONLY for magnesium level between 1.2-1.4 mg/dL .Total dose 1600 mg. |
| <input type="checkbox"/> Magnesium level | Once For 1 Occurrences
Repeat magnesium level 2 hours after completion of magnesium |

Phosphate (Single Response)

Phosphate Level (mg/dL) Sodium Phosphate

IV Dose Phospha Neutral 250

PO Dose Monitoring

2 - 2.4 30 mmol IV 2 tabs Q4H x3 doses Recheck with AM labs

1.5 - 1.9 40 mmol IV 2 tabs Q4H x4 doses

LESS THAN 1.5 60 mmol IV -- Recheck with AM labs AND contact provider

Patients without significant nausea/vomiting/diarrhea/mucositis or symptomatic electrolyte abnormalities should receive oral replacement

Phospha Neutral contains 8mmol phosphate, 1 mEq potassium and 13 mEq sodium

If phosphorus replacement is ordered and potassium and is low, replace potassium first.

Call or page provider if serum Phosphorus is LESS than 2.5 mg/dL AND serum Sodium is GREATER than 145 mEq/L

MAX Infusion Rate: 7.5 mmol/hr (including Potassium Phosphate from all IV fluids / TPN)

Do NOT infuse Calcium and Phosphate together (including Calcium and Phosphate components of IV fluids/TPN)

phosphate 2 - 2.4 mg/dL (Selection Required)

Phosphate IV or PO (Single Response) (Selection Required)

- | | |
|--|---|
| <input type="checkbox"/> sodium phosphate IVPB | 30 mmol, intravenous, once, For 1 Doses
Total dose 30 mmol. Recheck phosphorous level in AM. |
| <input type="checkbox"/> sod phos di, mono-K phos (PHOSPHA 250 NEUTRAL) tablet | 2 tablet, oral, every 4 hours, For 3 Doses |
| <input type="checkbox"/> Phosphorus level | AM draw For 1 Occurrences
Do NOT infuse Calcium and Phosphate together (including Calcium and Phosphate components of IV fluids/TPN) |

phosphate 1.5 - 1.9 mg/dL (Selection Required)

Phosphate IV or PO (Single Response) (Selection Required)

<input type="checkbox"/> sodium phosphate IVPB	40 mmol, intravenous, once, For 1 Doses Total dose 40 mmol. Recheck phosphorous level in AM.
<input type="checkbox"/> sod phos di, mono-K phos (PHOSPHA 250 NEUTRAL) tablet	2 tablet, oral, every 4 hours, For 4 Doses
<input type="checkbox"/> Phosphorus level	AM draw For 1 Occurrences Recheck phosphorous level in AM.
<input type="checkbox"/> phosphate LESS THAN 1.5 mg/dL	"And" Linked Panel
<input type="checkbox"/> sodium phosphate IVPB	60 mmol, intravenous, once, For 1 Doses Total dose 60 mmol.
<input type="checkbox"/> Phosphorus level	AM draw For 1 Occurrences Recheck phosphorous level in AM.

Labs

VTE

Cardiology

Diagnostic Imaging

Other Diagnostic Studies

Respiratory

Rehab

Consults

Additional Orders