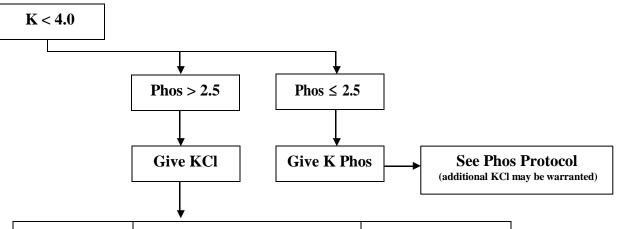
## **Potassium Replacement**

SURGICAL CRITICAL CARE Electrolyte Replacement Practice Management Guideline

EXCLUSIONS: Patients on hemodialysis/peritoneal dialysis, creatinine clearance <20, have active transfer orders out of the SICU, DKA, rhabdomyolysis

\*\* Always look at phosphorus level to determine appropriate potassium product \*\*



<u>Serum K+</u>	<u>Replace With</u>	<u>Recheck Level</u>
3.3-3.9 meq/L	40 meq KCl PO/PT/IV	immediately after replacement
3.0-3.2 meq/L	60 meq KCl PO/PT/IV	immediately and with next AM labs
2.6-2.9 meq/L	80 meq KCl IV and NHO	immediately and with next AM labs
< 2.6 meq/L	100 meq KCl <b>IV</b> and NHO	immediately and with next AM labs

## \*\*\* Consider PO/PT replacement if GI tract available \*\*\*

- If central line present and continuous cardiac monitoring, infuse at **20 meq/hr** (max = 40 meq/hr).
- If peripheral access only, infuse at **10 meq/hr**.
- Serum potassium may be expected to increase by ~0.25 meq/L for each 20 meq IV KCl infused.

Approved:	
	ber 2013

Dr. Addison K. May, MD, FACS, FCCM

## **Magnesium Replacement**

#### SURGICAL CRITICAL CARE Electrolyte Replacement Practice Management Guideline

# **EXCLUSIONS:** Patients on hemodialysis/peritoneal dialysis, creatinine clearance <20, have active transfer orders out of the SICU

Serum Magnesium	<u>Replace With</u>
1.6 – 1.9 mg/dL	4 grams IV over 2h -or- Magnesium oxide 250mg PO BID
1.0 – 1.5 mg/dL	6 grams IV over 3h
< 1.0 mg/dL	8 grams IV over 4h

#### **IV Administration:**

- Magnesium replacement will now be one-time doses.
- All doses will be comprised of the appropriate number of 2g/50mL premixed piggybacks. Infuse at a rate of 2gm per hour.

#### **Oral Administration:**

- Applies to patients with magnesium level > 1.5 mg/dL who are asymptomatic and able to tolerate PO or PT meds.
- \*\* Elemental magnesium (supplied as magnesium oxide) or Milk of Magnesia may be initiated; however, diarrhea may be a limiting factor. Separate order must be entered into Wiz/HEO for oral replacement.

Approved:	Dr. Addison K. May, MD, FACS, FCCM
December 2013	

## **Phosphorus Replacement**

### SURGICAL CRITICAL CARE Electrolyte Replacement Practice Management Guideline

## **EXCLUSIONS:** Patients on hemodialysis/peritoneal dialysis, creatinine clearance <20, have active transfer orders out of the SICU

\*\* always look at phosphorus level to determine appropriate potassium product \*\*

Product	<u>Phosphate</u>	<u>Potassium</u>	<u>Sodium</u>
K-Phos Neutral Tablet	250 mg (8 mmol)	1.1 meq	13 meq
K Phos Injection (per mL)	3 mmol	4.4 meq	
Na Phos Injection (per mL)	3 mmol		4 meq

Serum Phos	Replace With	<u>Repeat Level</u>	<u>meq K if K Phos</u>
2-2.5 mg/dL	<b>20 mmol</b> KPhos or NaPhos -or- K-Phos Neutral 2 tabs PO/PT q4h x 3	with next AM labs	~30 meq (~7 meq/hr based on 4h infusion)
1.6-1.9 mg/dL	<b>30 mmol</b> KPhos or NaPhos -or- K-Phos Neutral 2 tabs PO/PT q4h x 4	with next AM labs	~44 meq (~11 meq/hr based on 4h infusion)
<1.6 mg/dL	40 mmol KPhos or NaPhos	6h after replacement	~60 meq (~15 meq/hr based on 4h infusion)

- Pharmacy will no longer accept verbal phosphorus replacement orders. ALL orders must be entered into Wiz/HEO.
- Always look at potassium level to determine appropriate IV phosphorus product: use K Phos if K < 4.0 and Na Phos if  $K \ge 4.0$ .
- For IV replacement: Pharmacy will dilute in 250mL NS or D5W. Infuse over 4-6 hours.
- For PO/PT replacement: Neutra-Phos / Neutra-Phos K packets are no longer manufactured. K-Phos Neutral tablet is the formulary alternative.

Approved:\_\_\_\_\_Dr. Addison K. May, MD, FACS, FCCM December 2013

## **Calcium Replacement**

## SURGICAL CRITICAL CARE Electrolyte Replacement Practice Management Guideline

## **EXCLUSIONS:** Patients on hemodialysis/peritoneal dialysis,

## creatinine clearance <20, have active transfer orders out of the SICU

Calcium replacement based upon ICa <sup>++</sup> levels		
Ionized Calcium	Replace With	Recheck Level
3.5-3.9 mg/dL	4g CaGluconate	With next AM Labs
3.0-3.4 mg/dL	6g CaGluconate	4 Hours After Replacement
2.5-2.9 mg/dL	8g CaGluconate	4 Hours After Replacement
< 2.5 mg/dL	10 g CaGluconate NHO	4 Hours After Replacement
Infuse 2gm per hour		

Approved:\_\_\_\_\_Dr. Addison K. May, MD, FACS, FCCM

December 2013

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