Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase
  Phase: LEB PICU Hyperkalemia Phase, When to Initiate:____________________________

LEB PICU Hyperkalemia Phase
Admission/Transfer/Discharge
☐ Patient Status Initial Inpatient
  Admitting Physician: ________________________________________________
  Reason for Visit: _____________________________________________________
  Bed Type: _______________________________ Specific Unit: __________________
  Care Team: _______________________________ Anticipated LOS: 2 midnights or more

☐ Notify Physician-Once
  Notify For: of room number on arrival to unit.

Respiratory Care
☐ Mechanical Ventilation (Ped)
☐ ISTAT POC (RT Collect)
  Stat once, Test Select ABG | Electrolytes | Lactate, Special Instructions: Obtain 5 min after giving medications.

Continuous Infusion
☐ Sodium Chloride 0.9% Bolus
  10 mL/kg, Injection, IV, N/A, STAT, ( infuse over 15 min )

Medications
  Review all fluids, medications and TPN. Stop & Replace ALL fluids containing potassium.(NOTE)*
  ☐ +1 Hours furosemide
    1 mg/kg, IV, N/A, STAT
    Comments: Max Dose: 20 mg
  ☐ Insulin (0.16 units/mL)/Dextrose 50% (IVS)*
    Dextrose 50% in water Syringe
    1 mL/kg
    Comments: Max dose 50 mL
    insulin regular
    0.16 units/kg
  ☐ +1 Hours calcium chloride
    20 mg/kg, Ped Injectable, IV, N/A, STAT, 1 gram COMMENT: CVL ONLY
  ☐ +1 Hours calcium gluconate
    60 mg/kg, Ped Injectable, IV, N/A, STAT, Max dose: 3 gram
  ☐ +1 Hours sodium bicarbonate
    1 mEq/Kg, Ped Injectable, IV, N/A, STAT, Max dose: 50 mEq, Comment: CVL ONLY
Physician Orders PEDIATRIC: LEB PICU Hyperkalemia Plan

☐ +1 Hours albuterol 0.5% inhalation solution
  5 mg, Inh Soln, NEB, N/A, STAT
☐ +1 Hours albuterol 0.5% inhalation solution
  10 mg, Inh Soln, NEB, N/A, STAT
☐ +1 Hours sodium polystyrene sulfonate
  1 g/kg, Susp, NG, N/A, STAT, Max dose: 15 grams
☐ +1 Hours sodium polystyrene sulfonate
  1 g/kg, Susp, GTUBE, N/A, STAT, Max dose: 15 grams
☐ +1 Hours sodium polystyrene sulfonate
  1 g/kg, Susp, PR, N/A, STAT, Max dose: 50 grams

Diagnostic Tests
☐ EKG
  Start at: T;N, Priority: Stat, Reason: Other, specify, Hyperkalemia

Consults/Notifications/Referrals
☐ Physician Consult
  Reason for Consult: Patient known to you, Nephrologist.
☐ Physician Group Consult
  Reason for Consult: Dialysis or CRRT

_________________________________   ___________________   ______________________________________
Date                   Time                   Physician’s Signature                            MD Number

*Report Legend:
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required order