



Physician Orders PEDIATRIC: LEB PICU Hyperkalemia Plan

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





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- +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
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***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

