attach patient label here

Le Bonheur Children's Hospital
Methodist Healthcare Family

PHYSICIAN ORDERS: PEDIATRIC

LEB NICU Hyperkalemia Plan

[X or R] = will be ordered unless marked out.

Height: _____cm Weight: _____kg

Allergies:	[ ] No known allergies
[ ] Latex allergy [ ]Other:_____	

	Continuous Infusions	
[ ]	Insulin Drip (Pediatric)	___ units/kg/hr, Injection, IV, STAT, Max recommended dose = 0.1 units/kg/hr
[ ]	Dextrose 25% in water	50 mL, Injection, IV, 2 mL/hr, STAT
	Medications	
[ ]	Dextrose 50%/Insulin	1ml/kg, Ped Injectable, IV, N/A, STAT, Comment: Use central line if available. Use with CAUTION-Solution Extremely Hypertonic.
[ ]	Dextrose 25% intravenous solution	0.5 g/kg, Injection, IV, once, (Infuse over 15 min), STAT
[ ]	calcium chloride	10 mg/kg, Ped Injectable, IV, N/A,(for 2 dose) STAT
[ ]	sodium bicarbonate	1 mEq/kg, Ped Injectable, IV, once, STAT,Infuse over 5 to 10 minutes
[ ]	sodium bicarbonate	2 mEq/kg,Ped Injectable, IV, once, STAT,Infuse over 5 to 10 minutes
[ ]	calcium gluconate	100 mg/kg,Ped Injectable, IV Piggyback, once,STAT
[ ]	sodium polystyrene sulfonate(Kayexalate)	1g/kg, Oral Susp, PR,once,T;N, For hyperkalemia greater than or equal to 7 mEq/L
[ ]	sodium polystyrene sulfonate(Kayexalate)	1g/kg, Oral Susp, PR,q6h,PRN Hyperkalemia, Administer for potassium greater than or equal to 7 mEq/L
[ ]	albuterol 2.5 mg/3mL (0.083%) inh solution	0.4mg/kg,Inh soln,INH,q2h,PRN Hyperkalemia,T;N, Administer for potassium greater than or equal to 7 mEq/L
[ ]	albuterol 2.5 mg/3mL (0.083%) inh solution	0.4mg/kg,Inh soln,INH,q6h,PRN Hyperkalemia,T;N, Administer for potassium greater than or equal to 7 mEq/L

_____	_____	_____	_____
Date	**Time**	**Physician's Signature**	**MD Number**

Q65