

**SECTION: M-17**

**TITLE: Electrolyte Imbalances**

**REVISED: March 1, 2020**

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**BLS-Specific Care: See adult General Medical Care Protocol M-1**

**AEMT/O.M. Specific Care: See adult General Medical Care Protocol M-1**

- Obtain peripheral vascular access
  - IV: 200-500 ml crystalloid solution. Repeat PRN

**ALS-Specific Care: See adult General Medical Care Protocol M-1**

*Symptomatic Hyperkalemia:* “Symptomatic hyperkalemia” defined by the presence of EKG changes (Peaked T waves, QRS becomes prolonged  $\geq 0.12$  seconds, or prolonged QTc), **AND** a history suggestive of hyperkalemia, **OR** if hyperkalemia is confirmed via laboratory analysis.

- **Albuterol (High Dose)** for suspected hyperkalemia
  - Nebulizer: 5 mg (2 unit doses) nebulized
  - Re-evaluate EKG and may re-administer an additional 5 mg (2 unit doses) when complete. Max dose 20 mg.
- Calcium chloride for suspected hyperkalemia
  - IV, IO: 500-1000 mg IVP
  - Administer sodium bicarbonate at 1 mEq/kg afterward for suspected hyperkalemia. Flush line thoroughly between medications
  - **Contact medical control for repeat doses**
- **Sodium bicarbonate** for suspected hyperkalemia
  - IV: 1 mEq/kg repeated in 10 minutes. Minimum initial dose is 50 mEq.
  - Consider dilution of Bicarb if given IO
  - Administer sodium bicarbonate at 1 mEq/kg afterward for suspected hyperkalemia. Flush line thoroughly between medication

Protocol

M-17

# Electrolyte Imbalances

## **Physician PEARLS**

Use of albuterol has been shown to decrease serum potassium levels by 0.3 to 0.6 mEq/L within 30 minutes; the decrease lasts for at least 2 hours.

Use of Calcium solutions in Hyperkalemia is indicated for stabilization of the myocardium.