THE UNIVERSITY OF KANSAS HOSPITAL KUMED 3901 Rainbow Boulevard Kansas City, Kansas 66160 PHYSICIAN'S ORDER FORM	Do not write in this box DT0017	PATIENT LABEL

DATE & TIME	#	ORDERS ADULT CRITICAL CARE: ELECTROLYTE REPLACEMENT STANDING ORDERS
	1.	Confirm that normal serum creatinine is between 0.5-1.2 mg/dL. Level_____date_____
	2.	Confirm urine output greater than 30 mL/hour for previous 12 hours. □ Yes □ No
	3.	Confirm that normal serum CO2 is between 21-30 mmol/L Level_____date_____
	4.	Continuous cardiac monitoring
	5.	Prior to potassium replacement confirm that patient is NOT receiving Digoxin.
	6.	**POTASSIUM REPLACEMENT** (Using premade bags of 10 mEq Potassium Chloride/50 mL sterile water):
	❑	**Via Peripheral or Central Line:** For serum potassium ≤ 2.5 mmol/L, give KCl 80 mEq IV over 8 hours and 40 mEq po/NG x 1 AND notify physician For serum potassium 2.5-3.0 mmol/L, give KCl 40 mEq IV over 4 hours and give 40 mEq po/NG x 1 AND notify physician For serum potassium 3.0-3.3 mmol/L, give KCl 40 mEq po/NG x 1
	❑	**Via Central Line only in an ICU setting:** For serum potassium ≤ 2.5 mmol/L, give KCl 80 mEq IV over 4 hours via central venous line AND notify physician For serum potassium 2.5-3.0 mmol/L, give KCl 40 mEq IV over 2 hours per central venous line AND notify physician For serum potassium 3.0-3.3 mmol/L, give KCl 40 mEq IV over 4 hours
		a. Recheck serum potassium one hour after completion of replacement therapy.
		b. May repeat this order x 2 if serum potassium remains ≤ 3.3mmol/L
		c. Notify physician if serum potassium remains ≤ 3.3 mmol/L after total of three replacements.
	7.	**MAGNESIUM REPLACEMENT IV:** (Using bags of Magnesium sulfate 1 gm/100mL D5)
	❑	For Serum Magnesium >2.1 mg/dL, No replacement necessary For Serum Magnesium 1.8-2.0 mg/dL, give Magnesium Sulfate 2 Grams IV over 2 hours For Serum Magnesium 1.6-1.7 mg/dL, give Magnesium Sulfate 3 Grams IV over 3 hours For Serum Magnesium 1.3-1.5 mg/dL, give Magnesium Sulfate 4 Grams IV over 4 hours For Serum Magnesium ≤ 1.2 mg/dL, give Magnesium Sulfate 6 Grams IV over 6 hours AND notify physician
		a. Recheck serum magnesium level 4 hours after completion of appropriate replacement dose.
		b. May repeat this standing order x 1.
		c. Notify physician if serum magnesium < 2.1 mg/dL after two replacement doses.

Physician Signature: _____ Pager: _____

NUR-1287 PHYSICIAN ORDERS
4/07