# Acute Hyperkalemia Management Order Set

**Pharmacy Mnemonic:** HKALEMIA

## Cardiac Stabilization
- **Calcium gluconate 10%, 10 mL IVP over 5 minutes STAT**
  - *Recommended for serum potassium concentrations > 6 mmol/L and/or EKG changes secondary to hyperkalemia*  
  - *(Duration of action ~ 60 minutes. May repeat as early as 5 minutes if clinical status worsens)*

## Intracellular Shift
- **Insulin regular ____ units (10-20 units recommended) IVP x 1 now** *(Duration of action 4-6 hours)*
- **High-dose albuterol nebulization, 15 mg, nebulized over 30 minutes** *(Duration of action ~2 hours)*

## Dextrose Dosing Guide

<table>
<thead>
<tr>
<th>Initial Glucose</th>
<th>Initial Dextrose Dose</th>
<th>Supplemental Dextrose</th>
<th>Glucose Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;300 mg/dL</td>
<td>None</td>
<td>50 mL (25 gm) of D50 if blood glucose &lt;70 mg/dL</td>
<td>Hourly up to 3 hours</td>
</tr>
<tr>
<td>100 – 300 mg/dL</td>
<td>50 mL (25 gm) of D50</td>
<td>50 mL (25 gm) of D50 if blood glucose &lt;70 mg/dL</td>
<td>Hourly up to 3 hours</td>
</tr>
<tr>
<td>&lt;100 mg/dL</td>
<td>50 mL (25 gm) of D50 +D10 infusion @ 250 mL/hr x 2 hours</td>
<td>50 mL (25 gm) of D50 if blood glucose &lt;70 mg/dL</td>
<td>Every 30 minutes for 1 hour, then hourly up to 3 hours</td>
</tr>
</tbody>
</table>

- **Dextrose 50%, 50 mL (25 gm) IVP x1 NOW**
- **Dextrose 10% 500 mL, infuse @ 250 mL/hr x 2 hours ONCE**
- ☑️ Hourly capillary blood glucose x 3 hours. Nurse may give 50 mL D50 x 1 if blood glucose <70 mg/dL.

## Volume Management
- **Bolus**
  - Lactated Ringer IV bolus _____ mL x 1 STAT
  - 0.9% Sodium Chloride bolus _____ mL x1 STAT
  - 8.4% Sodium Bicarbonate, 50 mL (1 amp), IVP x 1 STAT

- **Infusion (choose one)**
  - Lactated Ringer 1000 mL IVF @ _____ mL/hr x 1 bag NOW
  - 0.9% Sodium Chloride 1000mL IVF _____ mL/hr x 1 bag NOW
  - D5W 1000mL with 150 mEq sodium bicarbonate IV infusion @ _____ mL/hr x 1 bag NOW
  - 0.45% Sodium Chloride with 75 mEq sodium bicarbonate IV infusion @ _____ mL/hr x 1 bag NOW

- **Kaliuretics (choose one)**
  - Furosemide _____ mg (80 – 160 mg recommended) in 50 mL NS, infused over 30 minutes x 1 STAT
  - Furosemide _____ mg (80 – 160 mg recommended) AND
  - Chlorothiazide _____ mg (500mg recommended) in 50 mL NS, infused over 30 minutes x 1 STAT

## Other Orders:
- **12-lead EKG STAT (if not already done)**
- **Link to Telemetry Orders (x24 hours)**
- **Repeat BMP in ____ hrs, and every ____ hrs**
- **Consult Nephrology: __________________________ (physician/physician group) for hyperkalemia/electrolyte management**

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**Date & Time**

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**Date**

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**Physician Signature**

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**DOCTOR’S ORDERS**

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**BOTTOM EDGE OF PATIENT LABEL**

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**REV 12/15; SD40-3**