2E HYPERKALEMIC ARREST

PATIENT CARE GOALS

- Treat suspected life-threatening hyperkalemia that has precipitated or threatens to precipitate cardiac arrest and/or cardiogenic shock[1].

EMT

1. Assess the patient and provide initial care, including vascular access, per **1B General Assessment and Care**[2].
2. Administer **albuterol (Proventil) 2.5 mg via nebulizer**. May repeat every 5-10 minutes as needed.

PARAMEDIC

3. Administer **albuterol (Proventil)** continuously via nebulizer, CPAP, or in-line via ET tube.

ADULT	PEDIATRIC (less than 60 kg)
4. Administer **calcium chloride 1 gram IV/IO**.[3] **OR** Administer **calcium gluconate 3 grams IV/IO**.[3] 5. Administer **sodium bicarbonate 2 mEq/kg IV/IO**. (Flush IV tubing with saline prior to administering **sodium bicarbonate** after any other drug).	4. Administer **calcium chloride 20 mg/kg IV/IO**.[3] **OR** Administer **calcium gluconate 60 mg/kg IV/IO**.[3] 5. Administer **sodium bicarbonate 2 mEq/kg IV/IO**. (Flush IV tubing with saline prior to administering **sodium bicarbonate** after any other drug).

DOCUMENTATION KEY POINTS

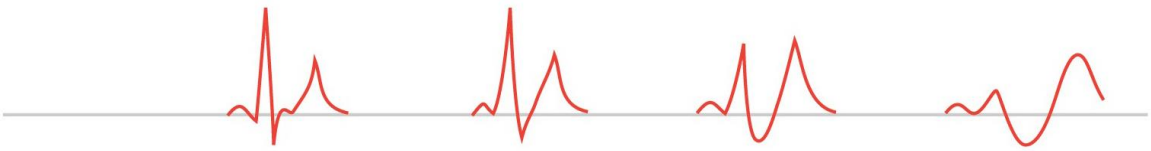
- Rationale for considering the presence of severe hyperkalemia.
- ECG rhythm interpretation supporting suspicion of hyperkalemia.
- Initial and ongoing assessments, monitoring, interventions, patient response, and complications (if any) encountered.

NOTES

[1] Any patient with known or suspected renal failure presenting in cardiogenic shock and/or cardiac arrest should be considered to be suffering from severe hyperkalemia.

[2] ECG findings consistent with hyperkalemia are not predictive of the severity of hyperkalemia but include any of the following:

Peaked symmetrical T waves	QT prolongation	ST slurring	Sine Wave



Hyperkalemia	6.5	7.0	8.0	9.0

[3] If not in arrest administer calcium over 2-4 minutes. If in arrest administer calcium IVP.