MARKHAM STOUFFVILLE HOSPITAL CORPORATION

Patient Information stamp will appear here

ACTION

# ICU Electrolyte Replacement Therapy Order Set

This protocol cannot be used for **potassium replacement** in patients with serum creatinine greater than 200 umol/L, urine output less than 20 mL/h or for patients on dialysis

Oral route is preferred, where possible. For IV administration, follow infusion pump guardrails.

☐ **Phosphate Replacement** (if **Potassium** Phosphate used, do not also give Potassium Chloride (KCl) from Potassium Replacement chart)

| **Phosphate Level (mmol/L)** | **Potassium Level (mmol/L)** | **Phosphate PO/NG/OG** | **Phosphate IV** |
|---|---|---|---|
| 0.5 – 0.8 | Less than 3.2 | Effervescent tablets 1,000 mg q12h x 2 doses **OR** | **Potassium** Phosphate 15 mmol/250 mL x 1 dose **AND** KCl 20 mmol PO/IV x 1 dose |
| | 3.2 – 3.8 | Effervescent tablets 1,000 mg q12h x 2 doses **OR** | **Potassium** Phosphate 15 mmol/250 mL x 1 dose (do NOT give additional KCl replacement) |
| | Greater than 3.8 | Effervescent tablets 1,000 mg q12h x 2 doses **OR** | **Sodium** Phosphate 15 mmol/250 mL x 1 dose |
| Less than 0.5 | 3.8 or less | | **Potassium** Phosphate 15 mmol/250 mL x 2 doses (do NOT give additional KCl replacement) |
| | Greater than 3.8 | | **Sodium** Phosphate 15 mmol/250 mL x 2 doses |

☐ **Potassium Replacement**

| **Potassium Level (mmol/L)** | **Potassium PO/NG/OG** | **Potassium Chloride (KCl) IV via Peripheral Line** | **Potassium Chloride (KCl) IV via Central Line** |
|---|---|---|---|
| 3.2 – 3.8 | 20 mmol x 1 dose **OR** | 10 mmol / 100 mL x 2 doses **OR** | 20 mmol / 100 mL x 1 dose |
| 2.6 – 3.1 | 40 mmol x 1 dose **OR** | 10 mmol / 100 mL x 4 doses **OR** | 40 mmol / 100 mL x 1 dose |
| Less than 2.6 | | Call MD | 40 mmol / 100 mL and call MD |

☐ **Magnesium Replacement**

| **Magnesium Level (mmol/L)** | **Magnesium PO/NG/OG** | **Magnesium Sulfate IV** |
|---|---|---|
| 0.45 – 0.78 | Magnesium Oxide 420 mg PO bidcc x 24 hrs **OR** Magnesium Glucoheptonate 150 mg (30 mL) TUBE tid x 24 hrs | **OR**, if enteral route not possible: 2 g / 100 mL IV x 1 dose |
| Less than 0.45 | | 4 g / 100 mL IV x 1 dose and call MD |

☐ **Calcium Replacement**

| **Corrected Calcium Level (mmol/L)** | **Calcium Gluconate IV** |
|---|---|
| 1.9 – 2.09 | 1 g / 100 mL x 1 dose |
| 1.6 – 1.89 | 2 g / 100 mL x 1 dose |
| Less than 1.6 | 4 g / 250 mL x 1 dose and call MD |

Submitter Name: _____ Date & Time _____

Order Verified by Signature: _____ Date & Time _____

Co-Signer Signature: _____ Date & Time _____

Scanner Signature: _____ Date & Time _____

Transcriber Signature: _____ Date & Time _____