



\*\*\*DRAFT\*\*\*

Date

ADDRESSOGRAPH

**ORDERS**

**COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS**

**ICU ELECTROLYTE REPLACEMENT PROTOCOL**

(items with check boxes must be selected to be ordered)

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Date: \_\_\_\_\_ Time: \_\_\_\_\_

Time Processed  
RN/LPN Initials  
Comments

CAUTION USE ELECTROLYTE REPLACEMENT PROTOCOLS  
ONLY IF THE FOLLOWING CRITERIA ARE MET (Review daily)

- SCr is less than 150 mmol/L or normal renal function  
**AND**
- Urine output is greater than 0.5 mL/kg/h x 2 consecutive hours

**Potassium Replacement Protocol**

**If serum K is 3.1 to 4.0 mmol/L:**

Give potassium chloride 20 mmol IV over 1 hour

**If serum K is 2.5 to 3.0 mmol/L:**

NOTIFY MD and give potassium chloride 20 mmol IV over 1 hour; **repeat x 1**

**If serum K is less than 2.5 mmol/L:**

NOTIFY MD and give potassium chloride 20 mmol IV over 1 hour; **repeat x 2**

- Check serum potassium 2 hours after the end of the final replacement dose

**Phosphate Replacement Protocol**

**If serum PO<sub>4</sub> is less than 0.8 mmol/L AND serum K is less than 4.0 mmol/L:**

Give POTASSIUM Phosphate 15 mmol IV over 4 hours Q8H x 3 doses

- Check serum potassium, PO<sub>4</sub> and ionized calcium 6 hours after end of final dose

**If serum PO<sub>4</sub> is less than 0.8 mmol/L AND serum K is 4.0 mmol/L or above:**

Give SODIUM phosphate 15 mmol IV over 4 hours Q8H x 3 doses

- Check serum PO<sub>4</sub> and ionized calcium 6 hours after end of final dose

**Magnesium Replacement Protocol**

**If serum Mg is less than 0.7 mmol/L:**

Give magnesium sulphate 5 g IV over 4 hours Q8H x 3 doses

- Check serum magnesium 6 hours after end of final dose

XXX

Prescriber's Signature  
xxxxx

Printed Name  
Rev xx-xxxx

College ID

