UMC Health System

ELECTROLYTE MED PLAN - ICU ONLY

Patient Label Here

	DIMOIOLAN ODDEDO				
Diagnosi	PHYSICIAN ORDERS Diagnosis				
Weight Allergies					
Weight	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where ap	nlicable			
ORDER		рисавіс.			
ORDER	Communication				
	ICU Only - Adult Electrolyte Replacement (ICU Only - Adult Electrolyte Replacement Guidelines) T;N, See Reference Sheet				
	Check below to select the Aggressive Potassium, phosphate, and magnesium. May then uncheck any replacement orders not wanted.				
	Communication Order ☐ T;N				
	Medications				
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.				
	Replacement orders should only be used in patients with a serum creatinine LESS than 2 mg/dL, and urinary output GREATER than 0.5 mL/kg/hr				
	IV POTASSIUM CHLORIDE REPLACEMENT:				
	Select only ONE of the following potassium chloride replacement orders - Aggressive or Non-Aggressive				
	AGGRESSIVE IV POTASSIUM REPLACEMENT - Replacement doses for potassium levels 3.6 mMol/L to 3.9 mMol/L:				
	potassium chloride 20 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 2 hr, K+ level 3.6 - 3.9 mMol/L If K+ level 3.6 - 3.9 mMol/L - Administer 20 mEq KCl ivpb Repeat serum potassium level 2 hours after total replacement is completed. Notify provider and check magnesium level if potassium deficiency does not correct after two replacement attempts.				
	potassium chloride 40 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 4 hr, If K+ level 3.1 - 3.5 mMol/L If K+ level 3.1 - 3.5 mMol/L - Administer 40 mEq KCl ivpb Repeat serum potassium level 2 hours after total replacement is completed. Notify provider and check magnesium level if potassium deficiency does not correct after two replacement attempts.				
	potassium chloride 60 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 6 hr, K+ level less than 3.1 mMol/L If K+ level less than 3.1 mMol/L -Administer 60 mEq KCl ivpb, and CONTACT PROVIDER. Repeat serum potassium level 2 hours after total replacement is completed. Notify provider and check magnesium level if potassium deficiency does not correct after two replacement attempts.				
	NON-AGGRESSIVE IV POTASSIUM REPLACEMENT - Replacement doses for potassium levels LESS than or equal to 3.5 mM	ol/L:			
•	potassium chloride 40 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 4 hr, If K+ level 3.1 - 3.5 mMol/L If K+ level 3.1 - 3.5 mMol/L - Administer 40 mEq KCl ivpb Repeat serum potassium level 2 hours after total replacement is completed. Notify provider and check magnesium level if potassium deficiency does not correct after two replacement attempts. Continued on next page				
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Order Take	Faken by Signature: Time				

Physician Signature:

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	PHYSICI	AN ORDERS			
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.				
ORDER	ORDER DETAILS				
	potassium chloride 60 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 6 hr, K+ level less than 3.1 mMol/L If K+ level less than 3.1 mMol/L -Administer 60 mEq KCl ivpb, and CONTACT PROVIDER. Repeat serum potassium level 2 hours after total replacement is completed. Notify provider and check magnesium level if potassium deficiency does not correct after two replacement attempts.				
	IV SODIUM PHOSPHATE REPLACEMENT: Use only when phosphorous needs replacement				
	Select only ONE of the following sodium phosphate replacement orders - Aggressive or Non-Aggressive				
	AGGRESSIVE IV SODIUM PHOSPHATE - Replacement doses for ser serum sodium level LESS than 145 mMol/L.	um phosphorus levels equal to or L	.ESS than 3.0 mg/dL AND		
	sodium phosphate ☐ 30 mmol, IVPB, ivpb, as needed, PRN hypophosphatemia, Infuse ov If Phos level 1-3.0 mg/dL AND sodium level less than 145 mMol/L - Repeat serum phosphorus level 6 hours after infusion completed.				
	sodium phosphate 45 mMol, IVPB, ivpb, as needed, PRN hypophosphatemia, Infuse ov If Phos level less than 1 mg/dL AND sodium level less than 145 mM Repeat serum phosphate level 6 hours after infusion completed.				
	NON-AGGRESSIVE IV SODIUM PHOSPHATE REPLACEMENT: Sele equal to 2.5 mg/dL	ct both sodium phosphate orders to	o replace phos levels LESS than or		
	sodium phosphate ☐ 30 mMol, IVPB, ivpb, as needed, PRN hypophosphatemia, Infuse on If Phos level 1 - 2.5 mg/dL AND sodium level less than 145 mMol/L Repeat serum phosphorus level 6 hours after infusion completed.				
	sodium phosphate 45 mMol, IVPB, ivpb, as needed, PRN hypophosphatemia, Infuse ov If Phos level less than 1 mg/dL AND sodium level less than 145 mM				
	Repeat serum phosphate level 6 hours after infusion completed.				
	IV MAGNESIUM REPLACEMENT:				
Ç	magnesium sulfate ☐ 2 g, IVPB, ivpb, as needed, PRN hypomagnesemia, Infuse over 2 hr, For serum magnesium levels 1.6 - 1.9 mg/dL. If Mag level is 1.6 - 1.9 mg/dL - Administer 2 g mag sulfate. Repeat serum magnesium level 2 hours after the infusion is completed. Continued on next page				
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Order Taken by Signature:		Date	Time		
Physician Signature:		Date	Time		

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	PHYSICIAN ORDERS				
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.				
ORDER	R ORDER DETAILS				
	magnesium sulfate 4 g, IVPB, ivpb, as needed, PRN hypomagnesemia, Infuse over 4 hr, For serum magnesium levels equal to or LESS than 1.6 mg/dL. If Mag level is less than 1.6 mg/dL - Administer 4 g mag sulfate and NOTIFY PROVIDER if mag level is less than 1 mg/dL. Repeat serum magnesium level 2 hours after the infusion is completed.				
	IV POTASSIUM PHOSPHATE REPLACEMENT:				
	Select only ONE of the following potassium phosphate replacement orders - Aggressive or Non-Aggressive. Nurse will contact provider for additional order IF potassium phosphate needed				
	AGGRESSIVE IV POTASSIUM PHOSPHATE - Use when only phosphorus needs replacement with hypernatremia. Replacement doses for serum phosphorus levels LESS than or equal to 3.0 mg/dL AND serum sodium level GREATER than or equal to 145 mMol/L.				
	Notify Provider (Misc) (Notify Provider of Results) Reason: Notify ordering provider of serum phosphorus level LESS than or edequal to 145 mMol/L, Use when only phosphorus needs replacement with hy				
	NON-AGGRESSIVE IV POTASSIUM PHOSPHATE REPLACEMENT - To repla serum sodium level GREATER than or equal to 145 mMol/L.	ace phosphorus levels LESS than or equal to 2.5 mg/dL AND			
	Notify Provider (Misc) (Notify Provider of Results) Reason: Notify ordering provider of serum phosphorus level LESS than or edequal to 145 mMol/L, Use when only phosphorus needs replacement with hy				
	Laboratory				
	Potassium Level				
	Phosphorus Level				
	Magnesium Level				
	Sodium Level				
□ то	O Read Back Scan	ned Powerchart			
Order Taken by Signature:		Date Time			
Physician Signature		Date Time			