

Location: _____

General Nursing

Protocols

Cell and Gene Therapy Electrolyte Replacement Protocol - Potassium Frequency: Until discontinued **Priority:** Routine
Comments: These orders are intended for the treatment of electrolyte depletion in ADULTS. Do NOT use these orders for patients with the following: calculated creatinine clearance (CrCl) LESS than 50 mL/minute or patient receiving dialysis, serum creatinine has increased by 0.3 mg/dL since last value reported or urine output LESS than 500 mL during the last 24 hours, body weight LESS than 30 kg, patients with DKA, ELECTROLYTE ORDERS SHOULD BE ASSESSED FOR APPROPRIATENESS DAILY. For patients with dosing or monitoring needs other than those outlined below, please submit separate orders.

Cell and Gene Therapy Electrolyte Replacement Protocol - Magnesium Frequency: Until discontinued **Priority:** Routine
Comments: These orders are intended for the treatment of electrolyte depletion in ADULTS. Do NOT use these orders for patients with the following: calculated creatinine clearance (CrCl) LESS than 50 mL/minute or patient receiving dialysis, serum creatinine has increased by 0.3 mg/dL since last value reported or urine output LESS than 500 mL during last 24 hours, body weight LESS than 30 kg, patients with DKA. ELECTROLYTE ORDERS SHOULD BE ASSESSED FOR APPROPRIATENESS DAILY. For patients with dosing or monitoring needs other than those outlined below, please submit separate orders.

Cell and Gene Therapy Electrolyte Replacement Protocol - Phosphate Frequency: Until discontinued **Priority:** Routine
Comments: These orders are intended for the treatment of electrolyte depletion in ADULTS. Do NOT use these orders for patients with the following: calculated creatinine clearance (CrCl) LESS than 50 mL/minute or patient receiving dialysis, serum creatinine has increased by 0.3 mg/dL since last value reported or urine output LESS than 500 mL during last 24 hours, body weight LESS than 30 kg, patients with DKA. ELECTROLYTE ORDERS SHOULD BE ASSESSED FOR APPROPRIATENESS DAILY. For patients with dosing or monitoring needs other than those outlined below, please submit separate orders.

Notify

Notify Physician if potassium is less than 3.2 mEq/L or greater than 5.5 mEq/L Frequency: Until discontinued **Priority:** Routine

Notify Physician if magnesium is less than 1.2 mg/dL or greater than 4.5 mg/dL Frequency: Until discontinued **Priority:** Routine

Notify Physician if phosphate is less than 1.5 mg/dL or greater than 9 mg/dL Frequency: Until discontinued **Priority:** Routine

IV Fluids

Medications

Potassium

Potassium Level (mEq/L)	Potassium Chloride Dose	Monitoring
3.8 – 3.9	20 mEq PO or IV	Recheck with AM labs
3.5 – 3.7	40 mEq PO or IV	Recheck with AM labs
3.2 – 3.4	60 mEq PO or IV	Recheck with AM labs
LESS THAN 3.2	80 mEq IV via CENTRAL ONLY	Recheck level 2 hours post-administration AND contact provider

- Patients without significant nausea/vomiting/diarrhea/mucositis or symptomatic electrolyte abnormalities should receive oral replacement

Confirm patient line access prior to ordering

If both serum magnesium and serum potassium are low, replace magnesium first or at the same time. However, if serum potassium is less than 3.2 and unable to give potassium and magnesium at the same time, replace all potassium first

MAX CENTRAL Line Infusion Rate: 20 mEq /hour (including Potassium contained in IV fluids/TPN)

MAX PERIPHERAL Line Infusion Rate: 10 mEq /hour (including Potassium contained in IV fluids/TPN)

Sign: _____ Printed Name: _____ Date/Time: _____

Potassium IV or PO

potassium chloride CENTRAL LINE Frequency: once

Admin Instructions:

<http://www.tmh.tmc.edu/dept/pharmacy/physorders/rx230.pdf>

potassium chloride PERIPHERAL LINE Frequency: once

Admin Instructions:

<http://www.tmh.tmc.edu/dept/pharmacy/physorders/rx230.pdf>

Product Admin Instructions:

Rate of administration should be adjusted according to patient tolerance.

potassium chloride (MICRO-K) CR capsule

Question(s):

Hold Paramaters:

Potassium IV or PO

potassium chloride CENTRAL LINE Frequency: once

Admin Instructions:

<http://www.tmh.tmc.edu/dept/pharmacy/physorders/rx230.pdf>

potassium chloride PERIPHERAL LINE Frequency: once

Admin Instructions:

<http://www.tmh.tmc.edu/dept/pharmacy/physorders/rx230.pdf>

Product Admin Instructions:

Rate of administration should be adjusted according to patient tolerance.

potassium chloride (MICRO-K) CR capsule

Question(s):

Hold Paramaters:

Potassium IV or PO

potassium chloride CENTRAL LINE Frequency: once

Admin Instructions:

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potassium chloride PERIPHERAL LINE Frequency: once

Admin Instructions:

<http://www.tmh.tmc.edu/dept/pharmacy/physorders/rx230.pdf>

Product Admin Instructions:

Rate of administration should be adjusted according to patient tolerance.

potassium chloride (MICRO-K) CR capsule

Question(s):

Hold Paramaters:

Potassium IV + recheck lab

potassium chloride IVPB Dose: 40 mEq **Route:** intravenous **Frequency:** every 2 hours **Frequency Limit:** 2

Occurrences **Minimum Infusion Duration:** 2.000 Hours

Admin Instructions:

Total dose 80 mEq. Recheck potassium level 2 hours after total dose is administered. For Central Line administration ONLY

Potassium level Frequency: Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:**

Repeat potassium level 2 hours after completion of potassium

Magnesium

Magnesium Level (mg/dL)	Magnesium Dose	Monitoring
1.5 – 1.9	2 g IV or 800 mg PO	Recheck with AM labs
LESS THAN 1.5	4 g IV or 800 mg Q12H for 2 doses if between 1.2-1.4 mg/dL	Recheck 2 hours post IV administration AND Contact provider if level LESS than 1.2

- Patients without significant nausea/vomiting/diarrhea/mucositis or symptomatic electrolyte abnormalities should receive oral replacement
- If both serum magnesium and serum potassium are low, replace magnesium first or at the same time. However, if serum potassium is less than 3.2 and unable to give potassium and magnesium at the same time, replace all potassium first
- MAX Infusion Rate: 1 g/hr (8 mEq/hr) (including Magnesium contained in IV fluids/TPN)

Magnesium IV or PO

- magnesium sulfate IV Dose: 50
- magnesium oxide (MAG-OX) tablet Dose: 400 mg (241.3)

Admin Instructions:

Do not crush for administration in patients with dobhoff tube, due to risk of feeding tube occlusion

Magnesium IV or Po + recheck lab

Magnesium IV or PO

- magnesium sulfate IV Dose: 50
- magnesium oxide (MAG-OX) tablet Dose: 400 mg (241.3)

Admin Instructions:

Do not crush for administration in patients with dobhoff tube, due to risk of feeding tube occlusion

Magnesium level Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood

Maximum Quantity: 3 Comments: Repeat magnesium level 2 hours after completion of magnesium

Phosphate

Phosphate Level (mg/dL)	Sodium Phosphate IV Dose	Phospha Neutral 250 PO Dose	Monitoring
2 - 2.4	30 mmol IV	2 tabs Q4H x3 doses	Recheck with AM labs
1.5 – 1.9	40 mmol IV	2 tabs Q4H x4 doses	
LESS THAN 1.5	60 mmol IV	--	Recheck with AM labs AND contact provider

- Patients without significant nausea/vomiting/diarrhea/mucositis or symptomatic electrolyte abnormalities should receive oral replacement
 - Phospha Neutral contains 8mmol phosphate, 1 mEq potassium and 13 mEq sodium
 - If phosphorus replacement is ordered and potassium and is low, replace potassium first.
- Call or page provider if serum Phosphorus is LESS than 2.5 mg/dL AND serum Sodium is GREATER than 145 mEq/L

MAX Infusion Rate: 7.5 mmol/hr (including Potassium Phosphate from all IV fluids / TPN)

Do NOT infuse Calcium and Phosphate together (including Calcium and Phosphate components of IV fluids/TPN)

For phosphorous level (Required)

For phosphorous level 1.5-2.4 mg/dL: 15 mMol total dose sodium phosphate IV (Required)

- sodium phosphate IVPB Dose: 15 mmol Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

Admin Instructions:

Total dose 15 mMol. Recheck phosphorous level in AM.

sod phos di, mono-K phos (PHOSPHA 250 NEUTRAL) tablet Dose: 2 tablet Route: oral Frequency: every 4 hours Frequency Limit: 3 Occurrences

Admin Instructions:

Each tablet contains elemental phosphorus 250 mg (8 mmol), sodium 298 mg (13 mEq), and potassium 45 mg (1.1 mEq).

Phosphorus level Frequency: AM draw Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Recheck phosphorous level in AM.

For phosphorous level (Required)

For phosphorous level 1.5-2.4 mg/dL: 15 mMol total dose sodium phosphate IV (Required)

sodium phosphate IVPB Dose: 15 mmol Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

Admin Instructions:

Total dose 15 mMol. Recheck phosphorous level in AM.

sod phos di, mono-K phos (PHOSPHA 250 NEUTRAL) tablet Dose: 2 tablet Route: oral Frequency: every 4 hours Frequency Limit: 3 Occurrences

Admin Instructions:

Each tablet contains elemental phosphorus 250 mg (8 mmol), sodium 298 mg (13 mEq), and potassium 45 mg (1.1 mEq).

Phosphorus level Frequency: AM draw Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Recheck phosphorous level in AM.

For phosphorous level LESS than 0.9 mg/dL: 40 mMol total dose sodium phosphate IV

sodium phosphate IVPB Dose: 40 mmol Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

Admin Instructions:

Total dose 40 mMol. Recheck phosphate level 2 hours after total dose is administered.

Phosphorus Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: Recheck phosphate level 2 hours after total dose is administered and reapply order as needed.

- Labs
- VTE
- Cardiology
- Diagnostic Imaging
- Other Diagnostic Studies
- Respiratory
- Rehab
- Consults
- Additional Orders