

Treatment Protocols**Date: 07/01/2023*****Hemodialysis Related Emergency/Suspected Hyperkalemia*****Policy #9130P****Pediatric BLS Standing Orders**

- **Universal Patient Protocol**
- Give oxygen and/or ventilate PRN per **Airway Policy**
- Continuously monitor O2 saturation, and blood pressure
- Glucose testing PRN
- For bleeding dialysis fistulas or shunts, refer to **Hemorrhage Control Policy**
- For bradycardia or tachycardia due to suspected electrolyte abnormalities, go to **Dysrhythmia Protocols**

Pediatric LALS Standing Orders

- Establish IV

Hypotension

- 10-20 mL/kg NS IV bolus; titrated to age-appropriate systolic BP MR x1 if patient is without rales and there is no evidence of heart failure

For Immediate Definitive Therapy Only

- In life threatening conditions, and unable to obtain vascular access, access graft/AV fistula, see **Policy on Pre-Existing Vascular Access Devices**

Pediatric ALS Standing Orders

- Monitor EKG
- Establish IV/IO
- Capnography
- Obtain 12 Lead ECG PRN

Hypotension

- 10-20 mL/kg NS IV bolus; titrated to age-appropriate systolic BP MR x1 if patient is without rales and there is no evidence of heart failure

For Immediate Definitive Therapy Only

- In life threatening conditions, and unable to obtain IO or vascular access, access graft/AV fistula, see **Policy on Pre-Existing Vascular Access Devices**

Pediatric Base Hospital Orders

- **BHP** – Consult for treatment of arrhythmias, volume overload, or other suspected result of missed hemodialysis, and/or associated kidney failure

APPROVED:

Signature on File

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