

**ILumens Protocol**

**ADMINISTRATION OF POTASSIUM CHLORIDE IN A PATIENT WITH SEVERE HYPOKALIEMIA**

**Initial evaluation**

Assessment of the situation by the carer:   
- Scoped patient: vital parameters measured every 5 minutes (pulse, blood pressure, oxygen saturation, monitoring of the ECG trace on the scope);   
- Assessment of the state of consciousness of the patient;   
- Verification of the permeability of the infusion

**Medical intervention**

The caregiver calls for help in case:

• An abnormal heart rhythm;

• Occurrence of chest pain;

• Pain at the injection site;

• Diffusion of the infusion.

If in doubt, the caregiver calls the doctor.

Transmission must be targeted and accurate, based on the observed clinical and / or Para clinical signs.

**Nurse supervision**

**It is recommended:**

✓ Monitor cardiovascular tolerance before, during and after potassium supplementation;

✓ Set up continuous monitoring by monitoring the electrocardioscope;

✓ Record vital parameters on the monitoring sheet every 10 minutes;

✓ Monitor the permeability of the venous route.

**Non-drug treatment**

While waiting for the doctor's arrival, the carer must:

➢ Stop the infusion of potassium chloride;

➢ Disconnect the potassium infusion and set up a saline infusion if there is no contraindication;

➢ Bring the emergency cart closer together;

➢ Note the vital parameters and nursing actions undertaken;

➢ Reassure the patient and install him comfortably.

**Drug treatment and technical care**

At the arrival of the doctor and on medical prescription, the carer must:

➢ Keep the patient scoped;

➢ Perform a biological assessment to measure serum potassium (blood ionogram) on the uninfused arm, venous catheter closed if possible, report to be reiterated according to medical evaluation;

➢ Administer a 10% calcium gluconate ampoule in IVD in 2 to 3 min (! Can only be repeated once);

➢ Administer 20 IU insulin and 500 ml G 5% in 2 minutes

➢ Monitoring of capillary glycaemia after administration then monitoring every hour;

➢ Administer nasal oxygen if needed;

➢ After evaluation by the doctor, the patient may need to be transferred to a continuous surveillance unit.