

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.