



PHYSICIAN'S ORDER SHEET  
**STANDING ORDERS FOR:**  
**POTASSIUM SLIDING SCALE**

Check here if STAT medications ordered

ANOTHER BRAND OF GENERICALLY EQUIVALENT PRODUCT, APPROVED BY THE PHARMACY AND THERAPEUTICS COMMITTEE, MAY BE ADMINISTERED UNLESS (SPECIFIC) IS WRITTEN AFTER THE MEDICATION ORDER.

**ICU POTASSIUM SLIDING SCALE ORDERS**

- Peripheral IV Site       Central Line Access

**ICU USE ONLY**

Last Creatinine: \_\_\_\_\_  
 If no Creatinine within the last 48 hours, obtain one.

Clarify with physician the administration of potassium if creatinine > 2.  
 If Creatinine should rise to > 2, the sliding scale will be held until the physician is notified.

- Assess serum magnesium initially, and then weekly for patients experiencing chronic hypokalemia. The physician will be notified if magnesium level is  $\leq 1.5$  mg./dl.
- All potassium administered intravenously will be controlled by infusion pump.
- CONCENTRATIONS FOR ADMINISTRATION
  - Potassium administered into a peripheral site will not exceed 10 mEq/100 ml.
  - Potassium administered into a central line will not exceed 20 mEq/50 ml. or 40 mEq/100 ml.
- MONITORING/ADMINISTRATION RATE  
 Infusion of potassium in critical care areas will not normally exceed 40 mEq/hour.

Potassium intoxication is signaled by the appearance of widening QRS, AV blocks, and flattening p waves. If this should occur, the potassium will be stopped and the physician immediately notified.

Potassium SLIDING SCALE – Check one box for preferred ROUTE OF ADMINISTRATION

- Oral or via NG/PEG Tube (Dilute each 20 mEq in \_\_\_\_\_ ml)  
 Intravenous

Serum K (mEq/l)	KCL Dosage (mEq)	Laboratory Work
3.5 to 3.9	40 mEq x 1	Chem 8 and Mg++ next am
3 to 3.4	40 mEq q 6 hr. x 2	STAT K+ 2 hours after 2nd dose and treat that result per s/s. Chem 8 and Mg++ next am
2 to 2.9	40 mEq q 4 hr. x 3	STAT K+ and Mg++ 2 hours after 3rd dose and treat that result per s/s. Chem 8 and Mg++ next am
< 2	<b>CALL PHYSICIAN</b>	

- If any potassium reevaluation is  $\geq 5$ , redraw specimen to rule out potassium contamination. If the result remains  $\geq 5$ , call physician.

- Consider adding routine KCL:  
 Routine Potassium Administration Order: \_\_\_\_\_

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