WRITE ON ONE SIDE ONLY - PRESS FIRMLY - USE BALL POINT PEN

		PHYSICIAN'S ORDERS - MUST BE SIGNED BY PHYSICIAN
DATE	TIME	ICÚ POTASSIUM REPLACEMENT ORDERS
		If Creatine is greater than 2.5 or urine output is less than 20ml/hour for 3 hours, contact physician prior to initiating orders.
		Guidelines for IV Potassium Administration: Maximum infusion concentration of Potassium is 10mEq/hour peripherally. Maximum infusion concentration of Potassium is 20mEq/hour centrally.
		 Automatic Orders K⁺ 3.2 to 3.9: Recheck serum K⁺ within 24 hours of IV supplementation. K⁺ less than 3.2: Recheck serum K⁺ in 2 hours after IV supplementation. K⁺ less than 3.0 Recheck serum K⁺ 2 hours after IV supplementation. Check serum Magnesium if not checked within previous 24 hours.
		 K⁺= 3.2 to 3.9: □ Give 20 mEq KCl via GI tract if usable OR □ 20 mEq KCl/ 100ml water IV over 2 hours centrally OR □ 10 mEq KCl in 100ml water IV over 1 hour peripherally x 2 doses. Recheck serum K⁺ within 24 hours.
		2. K ⁺ =2.6 to 3.1: ☐ Give KCl 40 mEq via GI tract if usable OR ☐ 20 mEq/100ml water IV over 2 hours x 2 doses centrally OR ☐ 10 mEq KCl / 100 ml water IV over 1 hour peripherally x 4 doses. Recheck serum K ¹ 2 hours after second dose has infused.
		 3. K⁺= 2.1 to 2.5: □ Give 20 mEq KCl/ 100 ml water IV over 2 hours x 4 doses centrally: OR □ Give 10 mEq KCl/ 100 ml water IV over 1 hours x 8 doses peripherally, Recheck serum K⁺ 2 hours after infusion completed.
		4. Other:
		Physician's Signature:
	- 4	ADDRESSOGRAPH
ICU POTASSIUM REPLACEMENT ORDERS		

University

Hospital

UC4205 12/28/04

White Chair Vallace Decomposing Dieta to profine