

Clinic/Location: _____

Phone Number: _____

CKM Severe Hyperkalemia Protocol

Patient label here (if applicable) or if labels are not used, minimum information below is required.

Name: _____

DOB: _____

PHN: _____

Allergies: _____

OR

Name (last, first)

Birthdate (yyyy-Mon-dd)

Gender

PHN #

Intention: Please note these orders are for emergency purposes in the event that this patient has severe hyperkalemia of potassium levels 6.0mmol/L or greater. This patient has been instructed to keep the kit on hand if needed.

Prescriptions:

1. Calcium polystyrene sulfonate powder (Resonium®)

Directions: Pour 30 grams of powder into a cup. Stir in 15 ml to 30 ml of water or cranberry juice. Then add 30 ml of lactulose. Drink immediately.

Dose: 30 grams

Refills: None

Please include expiry date on prescription label

2. Lactulose 667 mg/ml solution

Directions: Mix 30ml as directed with 30 grams calcium polystyrene sulfonate powder and drink immediately.

Dose: 30 mL

Refills: None

Please include expiry date on prescription label

Prescriber Signature: _____

Print Name: _____

Date: _____

**Adapted from the AHS Hyperkalemia Management Guideline (Nov 2017), Alberta Kidney Care (AKC) - HD Programs*

Last Updated: 09 Nov 2017