

SUBJECT: TREATMENT PROTOCOL -- HEMODIALYSIS PATIENT

Date: 7/1/2015

BLS

ALS

<ul style="list-style-type: none">• Ensure patent airway• O₂ Saturation prn• Give O₂• Ventilate if necessary	<ul style="list-style-type: none">• Monitor EKG• Determine time of last dialysis <p><u>FOR IMMEDIATE DEFINITIVE THERAPY ONLY:</u></p> <ul style="list-style-type: none">• IV access in arm that does not have graft/AV fistula <u>SO</u>. Adjust prn• EJ/IO access prior to accessing graft <p><u>If Unable & no other medication delivery route available:</u></p> <ul style="list-style-type: none">• Access Percutaneous Vas Catheter <u>BHPO</u> if present (aspirate 5mL PRIOR to infusion) <p>OR</p> <ul style="list-style-type: none">• Access graft/AV fistula <u>BHPO</u> <p><u>Fluid overload with rales:</u></p> <ul style="list-style-type: none">• Treat as per S-136 (CHF/Cardiac) <p><u>Symptomatic Patient with Suspected Hyperkalemia (widened QRS complex or peaked T-waves):</u></p> <ul style="list-style-type: none">• Obtain 12-Lead EKG <p>If >72 hours since last dialysis:</p> <ul style="list-style-type: none">• Continuous Albuterol 6ml 0.083% via Nebulizer <u>SO</u>• CaCl₂ 500mg IV/IO per <u>SO</u>• NaHCO₃ 1mEq/kg IV/IO x1 per <u>SO</u>
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Note: Vas Cath contains concentrated dose of Heparin which must be aspirated PRIOR to infusion.

Document revised: 7/1/2015

Approved:



EMS Medical Director