

TREATMENT PROTOCOL

S-131

HEMODIALYSIS PATIENT

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BLS ALS

- Ensure patent airway
- O₂ saturation
- Give O₂ to maintain SpO₂ at 94% to 98%
- Ventilate PRN

- Monitor/EKG
- Determine time of last dialysis
- IV in upper extremity without working graft/AV fistula SO

For immediate definitive therapy only

- EJ/IO access prior to accessing graft
- Monitor and administer via existing external vascular access SO (aspirate 5 mL prior to infusion*) or
- Access graft/AV fistula BHPO

Fluid overload with rales

• Treat CHF per Respiratory Distress Protocol (S-136)

Suspected hyperkalemia (widened QRS complex or peaked T-waves)

- Obtain 12-lead EKG
- If widened QRS complex, immediately administer CaCl₂ 500 mg IV/IO SO
- NaHCO₃ 1 mEq/kg IV/IO x1 SO
- Continuous albuterol 6 mL 0.083% via nebulizer SO

^{*}Hemodialysis catheter contains concentrated dose of heparin which must be aspirated **prior** to infusion