



COUNTY OF SAN DIEGO
EMERGENCY MEDICAL SERVICES

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/ECG
 - Determine time of last dialysis
 - IV in upper extremity without working graft/AV fistula [Ⓐ]
- For immediate life threat only**
- EJ/IO access preferred over accessing percutaneous dialysis catheter (e.g., Vascath) or shunt/graft
 - Monitor and administer via existing dialysis catheter (aspirate 5 mL **prior** to infusion*)
- OR**
- Access graft/AV fistula
- Fluid overload with rales**
- Treat CHF per Respiratory Distress Protocol (S-136)
- Suspected hyperkalemia (e.g., peaked T-waves or widened QRS complex)**
- Obtain 12-lead ECG
 - If widened QRS complex, immediately administer CaCl₂ 1 gm IV/IO
 - NaHCO₃ 1 mEq/kg IV/IO
 - Continuous albuterol/levalbuterol 6 mL via nebulizer [Ⓐ]
- For patients not on hemodialysis with suspected hyperkalemia**
- Obtain 12-lead ECG
 - If findings consistent with hyperkalemia (e.g., peaked T-waves or widened QRS complex), contact base hospital

*Dialysis catheter contains concentrated dose of heparin, which must be aspirated **prior** to infusion