

RENAL FAILURE AND DIALYSIS PATIENTS

1. Establish IV/IO access.*
2. Apply cardiac monitor.
3. Administer O₂.
4. Measure the blood pressure in the dialysis patient, use arm without the fistula.
5. If hypotension is present and lungs are clear, administer 500 ml of NS IV. Repeat once, if necessary.
6. If the patient has symptomatic **bradycardia**, administer 0.5 mg of **atropine**, IV/IO.
7. If patient has hypotension and bradycardia associated with EKG evidence of hyperkalemia[†], the following treatment is indicated:
 - I. Slowly administer 20 ml of 10% **calcium gluconate** IV for 1-2 minutes.[‡]
 - II. Slowly administer 1 mEq/kg of **sodium bicarbonate** IV.
 - III. Administer 5 mg of **albuterol (Ventolin®)** in 6 ml NS, using small volume nebulizer via SVN.
8. Using the HEAR system, alert the hospital to the potential need for emergency dialysis.

*The fistula may be accessed if unable to obtain a peripheral IV and the patient is unstable.

†EKG findings associated with hyperkalemia include tall peaked T waves, a prolonged QRS complex, and sometimes the disappearance of P and/or T waves. Complete heart block or asystole may occur.

‡If calcium gluconate is not available, calcium chloride may be substituted at a lower volume, 5-10 ml of a 10% solution (0.5-1 gm) administered slowly over 1-2 minutes.