

12.03 INTRAVENOUS INFUSION OF POTASSIUM CHLORIDE CCT PARAMEDICS

- These procedures/interventions shall only be performed by paramedics with CCT-P (Critical Care Transport-Paramedic) training and designation.
- Patients shall be placed on cardiac monitor for duration of transport.
- Signed transfer orders from the transferring physician must be obtained prior to transport and must provide for maintaining the **Potassium Chloride** infusion during transport.
- If medication administration is interrupted (infiltration, accidental disconnection, malfunctioning pump, etc.) the CCT-P may restart the IV line as delineated in the transfer orders. Caution must be used to prevent inadvertent overdose of medication.
- The following parameters shall apply to all patients with pre-existing **Potassium Chloride** infusions:
 - Medication concentration will not exceed 40 mEq/liter of IV fluid.
 - A more concentrated solution that contains no more than 10 mEq KCL TOTAL in the infusion bag is allowable.
 - Infusion rates must remain constant during transport with no regulation of rates being performed by the CCT-P.
 - CCT-Ps may not initiate **Potassium Chloride** infusions.
 - Infusion rate may **NOT** exceed 10mEq/hour.
 - Vital signs are to be monitored as indicated in the transfer orders, not less frequently than every 15 minutes.
 - In case of new onset of cardiac dysrhythmia, infusion should be stopped immediately, patients treated according to appropriate dysrhythmia protocol, and receiving hospital notified immediately.
 - If pump failure occurs and cannot be corrected, the paramedic is to discontinue the **Potassium Chloride** infusion and notify the transferring physician or the base hospital physician if the transferring physician is not available.