Potassium Replacement Protocol Edits:

**Situation:**
- Beginning Monday April 11th, a revised Potassium Replacement Protocol will be LIVE.

**Background:**
- Feedback was received from nursing that the current Potassium Replacement Protocol was confusing.
- An EPIC report was utilized to identify stakeholders and the main location this protocol is used in is ICC and SIC. The main providers who utilize this are Hospitalists, Intensivists and General Surgeons.

**Assessment:**
1. The current protocol is missing information which was included in the old paper version of the protocol. This missing text was reviewed by pharmacy and determined to still be current. This text was added as purple informational text to the top of the protocol:
   - Exclusion criteria added:
     - Exclusion Criteria (DO NOT use this protocol if the patient has any of the following conditions):
       - Patient on hypothermia protocol
       - Serum creatinine over 1.9 mg/dL
       - Diabetic Ketoacidosis (DKA)
       - Dialysis Treatments
       - Severe cachexia or weight loss over 20 kg in the past 6 months
   - Instructions for how to utilize the protocol added:
     - Instructions:
       1. Continue all current potassium orders unless otherwise ordered by provider
       2. Draw serum potassium if level not already available within the past 6 hours
       3. Complete the appropriate medication order below based on the patients potassium level and access
       4. Complete the appropriate potassium lab order below based on the patients potassium level
       5. Redraw serum potassium level per guidelines as listed in the lab section and repeat steps 1 through 4
       6. These orders expire at 1200 on Day 2 of protocol use (today is considered Day Zero), contact physician for further orders
   - Instructions for pain/irritation at the site of administration added:
     - Pain/Irritation at the site of administration:
       - The preferred method of treating pain/irritation is to slow the infusion and/or dilute the potassium. May also apply warm packs at the site of irritation

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2. The current nursing communication order within the protocol is confusing:
   
   o **Current** order:
     
     ```
     Nursing Interventions
     ✔ Potassium Replacement Per Protocol
     
     Routine, Until discontinued starting Today at 1612 until Thu 2/11 for 2 days
     Replace potassium per protocol when potassium level is drawn. Replacement ordered for any potassium level less than 4.0
     ```
   
   o **Revised** order. This now includes text reminding nursing the protocol expires in 48 hours:
     
     ```
     Potassium Replacement Per Protocol. If potassium level less than 4.0 mEq/L, Nursing to refer to the EPIC Potassium Replacement protocol for subsequent orders if potassium remains less than 4.0 mEq/L. These orders expire in 48 hours. Contact physician for further orders.
     ```

3. An order for telemetry if potassium is less than 3 mEq/L is missing so we added the following order:

   ```
   Telemetry Per Potassium Replacement Protocol. If potassium level less than 3 mEq/L, initiate telemetry and maintain until potassium level is greater than 3.5 mEq/L.
   ```

4. The medication orders from the protocol do not include verbiage stating they are from the protocol. They also do not have a reminder for when to repeat the potassium lab:

   o **Current** med order example:
     
     ```
     3.0 to 3.2 mEq/L: Oral Access
     ✔ Oral Potassium (CHOOSE ONE)
     ✔ potassium chloride SA (K-DUR,KLOR-CON) CR tablet 20 mEq
     20 mEq, Oral, Every 2 hours (RT), First Dose Today at 1730, For 3 doses
     ```

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Revised med order example:

5. A lab order is in each section of the protocol, but the provider or RN has to remember to select it:

- **Current** lab orders:

- **Revised** lab section. We have pulled the labs out of the med section and created a required lab section:

**Recommendations:**

- Be aware of the changes beginning April 11th.
- Pharmacy, ICC Shift Supervisors and SIC Shift Supervisors have reviewed and approved the edits.
- Dr. Yacoub, Dr. Cearras, Dr. Baustian and Dr. Royer have provided feedback and their suggestions are reflected in the above screen shots.

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