

Patient Name: _____

Date of Birth: _____

Address: _____

Phone: _____

ICD-10 Diagnosis: Hypokalemia (E87.6) Other: _____

Rx:

Electrolytes will be infused over appropriate rates based on volume and protocols. Electrolytes will be infused in an appropriate amount of solution based upon product availability and specific IV access.

Labs:

Potassium level Other: _____

Frequency: Once Daily Weekly Twice per week Other: _____

Duration: Once 1 Week 1 Month 6 Months 1 Year Other: _____

Potassium Replacement Protocol (standard concentration: 10 mEq/100 mL)

Current Serum Potassium Level	Total Potassium Replacement	Monitoring
3.4 – 3.5 mEq/L	Potassium Chloride IV 30 mEq (10 mEq over 1 hour x 3 doses)	No additional action
3.1 – 3.3 mEq/L	Potassium Chloride IV 40 mEq (10 mEq over 1 hour x 4 doses)	Recheck serum potassium level 2 hours after infusion complete
2.6 – 3 mEq/L	Potassium Chloride IV 50 mEq (10 mEq over 1 hour x 5 doses)	Recheck serum potassium level 2 hours after infusion complete
2.3 – 2.5 mEq/L	Potassium Chloride IV 60 mEq (10 mEq over 1 hour x 6 doses)	Recheck serum potassium level 2 hours after infusion complete
Less than 2.3 mEq/L	Potassium Chloride IV 60 mEq (10 mEq over 1 hour x 6 doses) AND contact provider	Recheck serum potassium level 2 hours after infusion complete

**Port/PICC care per protocol will be performed if applicable including Heparin flush (500 units/5 mL) and Cathflo (2 mg) as needed for patients with a port.

Prescriber printed name: _____

Prescriber full address: _____

Office phone number: _____ Office fax number: _____

Prescriber signature

Date

Time

Questions? Call (419) 591-3858. Please fax completed form to (419) 592-4004.



HYPOKALEMIA ORDER FORM

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TRIAL

This document is currently being trialed.