

# SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 01/07/13  
Supersedes: 08/01/08

Protocol: P-202

## INTRAVENOUS INFUSION OF POTASSIUM CHLORIDE CCT PARAMEDICS

### INFORMATION REQUIRED

- Treatment provided and transferring physicians orders are within the CCT-P Scope of Practice
- The intravenous infusion is regulated by an infusion pump familiar to the CCT-P
- Medication is in the correct concentration.

### OBJECTIVE FINDINGS

- General appearance
- Vital signs
- Cardiac rhythm

CCT- P Treatment
<ul style="list-style-type: none"><li>• Patients shall be placed on cardiac monitor for duration of transport.</li><li>• Signed transfer orders from the transferring physician must be obtained prior to transport. Transfer orders must provide for maintaining the <b>Potassium Chloride</b> infusion during transport.</li><li>• 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 will be used to prevent inadvertent overdose of medication.</li><li>• The following parameters shall apply to all patients with pre-existing <b>Potassium Chloride</b> infusions:<ul style="list-style-type: none"><li>- Medication concentration will not exceed 40 mEq/liter of IV fluid.</li><li>- A more concentrated solution that contains <b>no more than 10 meq KCL TOTAL in the infusion bag is allowable.</b></li><li>- Infusion rates must remain constant during transport with no regulation of rates being performed by the CCT-P.</li></ul></li></ul>
Transferring or Base Hospital Physician Contact Criteria
If pump failure occurs and cannot be corrected, the paramedic is to discontinue the <b>Potassium Chloride</b> infusion and notify the transferring physician or the base hospital physician if the transferring physician is not available.

### PRECAUTIONS AND COMMENTS

- 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.