

ELECTROLYTE REPLACEMENT

POTASSIUM: GOAL >4.0

3.7-3.9	20 mEq KCL PO>IV x 1 dose	recheck with am labs
3.5-3.6	20 mEq KCL PO/IV q2h x 2 doses	recheck with am labs
3.3-3.4	20 mEq KCL PO/IV q2h x 3 doses	recheck in 4 hours
3.1-3.2	20 mEq KCL PO/IV q2h x 4 doses	recheck in 4 hours
<3.1	20 mEq KCL IV q2h x 4 doses	recheck in 4 hours

*ONLY if Cr <2.0; if AKI or CKD, will give less

Expect: increase by 0.25 mEq/L for each 20 mEq IV KCL
Hypomag can cause hypokalemia. Replace mag before K

10 mEq/h/per line; max 20 mEq/h with continuous EKG

PHOSPHORUS: GOAL >3

2.5-2.9	15mmol IVPB	
2.0-2.4	20mmol IVPB	K+ phosphate if K<3.5
1.5-2.0	30mmol IVPB	Na+ phosphate if K>3.5
1.0-1.4	45mmol IVPB	
<1.0	45mmol IVPB & repeat lab	

If both K+ and phos replacement required:
approx: (kphos)x1.5 = #K mEq ; 3 mmol KPO4 = 4.4 mEq K

MAGNESIUM: GOAL >2.0

1.5-1.9	2g Mag Sulfate IV over 1 hr or MgOx PO 800mg	recheck with am labs
0.9-1.4	4g Mag Sulfate IV	recheck in 4 hours
<0.9	4g Mag Sulfate IV x 2 doses	recheck in 4 hours

Expect: serum increase 0.1 for each 1gm IV
400g PO MgOx = 2gm IV
IV prefered as PO can cause diarrhea

CALCIUM: GOAL >7.5, IONIZED>3.0

<7.5 or iCa <3.0	3g Ca gluconate IV	recheck in 4 hours
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replace if: CHF, shock or EKG changes
before repleting, correct calcium for hypoalbuminemia
Corrected serum Ca = measured serum Ca + (0.8 x (4-serum albumin))

GI PPX

major indications: prolonged ICU, on vent, sepsis, hx GI bleed, coagulopathy plt<50k or INR>1.5, TBI or spinal cord injury, chronic nsaid

PPI

Protonix 40mg PO/IV daily
Lansoprazole 30mg per NGT

H2

Famotidine 20mg PO/PT/IV BID
if CrCl <50: 20 q24h

DVT PPX

LMWH: enoxaprin 40mg SC qd or 30mg BID

If renal impairment or CrCl<30
UFH heparin 5000u BID or TID

If low platelets

Fondaparinux (Arixtra) 2.5mg SC (if >50kg)

ABX COVERAGE

MRSA

IV: Vanco, dapto, linezolid, ceftaroline, rifampin
PO: Doxy, clindamycin, linezolid, bactrim

Pseudomonas

IV: Meropenem, Aztreonam, Imipenem, FQ,
Aminoglycosides, Zosyn, Cefepime, Ceftazidime
Oral: FQ

Atypicals

FQ, Azithromycin, Tetracyclines

CAP

Rocephin 2g qd or Unasyn (or other B-lactam)
PLUS Azithromycin (500mg qd) or Doxy (100mg qd)

OR mono tx with respiratory FQ: Levo 750 qd IV/PO
or moxifloxacin (400mg qd IV/PO)

ADD Vancomycin or Linezolid (600mg q12h IV) for MRSA

HAP(>48h after admission)/VAP

Gram(+) Zosyn (4.5g q6h IV), Cefepime (2g q8h IV)
or Levofloxacin (750mg qd IV)

Gram(-) Zosyn (4.5g q6h IV) or Cefepime (2g q8h)

PLUS Levo (750mg qd IV), Cipro (400mg q8h IV),
Gentamicin, or Tobramycin

Aztreonam (2g q8h IV) + Cipro if PCN allergy

ADD Vancomycin or Linezolid (600mg q12h IV) for MRSA

SEDATION/ANALGESIA

Usually 2 agents: 1 sedative/1 analgesic

Analgesic Drips

Fentanyl Infusion (preferred)
Morphine (esp for comfort care)

Sedative Drips

Propofol
Do not use in sepsis (hypotension)
Preferred in head injury or vent <72h
Get baseline TG level

Precedex/Dexmedetomidine

Do not give bolus unless instructed -
can cause bradycardia/hypotn
Midazolam/Versed

BOWEL REGIMEN

Stool Softeners:

-Docusate
-Psyllium

Stimulants: increases motility

-Senna
-Bisacodyl

Osmotics: (from most gentle to aggressive)

Mag Hydroxide (MoM) *avoid if ESRD
PEG (Miralax)
Mag Citrate *avoid if ESRD
High volume PEG (golytely)
Lactulose

Suppositories:

Docusate or Bisacodyl

Enema:

Fleet/Na Phos *avoid if ESRD
Mineral Oil
Soap Suds
SMOG enema

ANXIOLYTICS/SLEEP

Ativan: 0.5mg to 2mg PO/IV q4-6h PRN
Hydroxyzine 25-50mg IM or Atarax susp
Haldol 0.5-2mg IV q6h PRN
Geodon 10mg IM q6h PRN (watch QTc)
Zyprexa: 10mg IM q6h PRN
Sleep: Seroquel 12.5-25mg

SEPSIS BUNDLE

-Measure **lactate** & obtain **blood cx**
-Start **broad spectrum abx** within 3 hours
-**Start 30ml/kg** crystalloid or equivalent IVF if
no pulm edema or other contraindications
-If elevated lactate, recheck q6h