

DIALYSIS EMERGENCIES

EMR	<ul style="list-style-type: none"> ❑ Routine Medical Assessment and Intervention ❑ Oxygen as indicated SpO₂ is less than 94% <p>HEMORRAGE:</p> <ul style="list-style-type: none"> ❑ Use of direct pressure and elevation as needed 	EMR
EMT		EMT
AEMT	<ul style="list-style-type: none"> ❑ Initiate vascular access as needed and indicated – <u>do not use fistula.</u> <p>HYPOTENSION/VOLUME PROBLEMS:</p> <ul style="list-style-type: none"> ❑ Administer Normal Saline as needed to maintain systolic BP of 100mmHg. <ul style="list-style-type: none"> ○ Do not to exceed two liters of fluid. <p>CHF/PULMONARY EDEMA DUE TO MISSED DIALYSIS:</p> <ul style="list-style-type: none"> ❑ CPAP if indicated and available – set pressure to approximately 2-10 cmH₂O 	AEMT
EMT-J	<ul style="list-style-type: none"> ❑ Limb-lead ECG & Interpretation <p>CHF/PULMONARY EDEMA DUE TO MISSED DIALYSIS:</p> <ul style="list-style-type: none"> ❑ NTG 0.4 mg SL repeated q 3-5 min, titrated to effect and BP >100 systolic. If more than 4 doses required contact Medical Control. 	EMT-J
PARAMEDIC	<ul style="list-style-type: none"> ❑ Acquire and interpretation of 12-lead ECG <p>ISCHEMIC CHEST PAIN:</p> <ul style="list-style-type: none"> ❑ Treat in accordance with Chest Pain/ACS/STEMI Guideline <p>HYPERKALEMIA (suspected):</p> <ul style="list-style-type: none"> ❑ Calcium Gluconate 10% - 4.35 mEq (10 ml) over 5 minutes. Stop administration if bradycardia develops. ❑ If Calcium Gluconate not available, then 4 doses Nebulized Albuterol 2.5mg in 3mL continuously. <p>CARDIAC ARREST:</p> <ul style="list-style-type: none"> ❑ Calcium Gluconate 10% - 4.35 mEq (10ml) over 5 minutes ❑ Sodium Bicarb, 50 mEq, IVP over 2 min, repeat per Med. Control. 	PARAMEDIC

Clinical Care Pearls

- ❑ If a renal failure/dialysis patient presents with marked weakness, respiratory insufficiency rapid assessment is essential to determine potential treatable causes in the pre-hospital setting.
- ❑ If monitor shows widened QRS (>.14 msec) and small or absent P waves; or showing a sine wave pattern, patient should be considered hyperkalemic until proven otherwise, and treated accordingly.
- ❑ Evidence of desired effect includes narrowing of QRS and improved perfusion