

Hemodialysis: Adjustment of Potassium Bath

Site Applicability

All Hemodialysis Units (SPH In-center, and Community Dialysis Units)

Practice Level

Registered Nurses and Licensed Practical Nurses who have completed required education to provide hemodialysis care for patients at Providence Health Care.

Requirements

A prescriber's order (pre-printed or electronic) is required to utilize the potassium protocol for chronic hemodialysis outpatients.

Algorithms

Guideline for Management of Potassium Bloodwork for hemodialysis patients (See [Appendix A](#))

Need to Know

1. This potassium protocol can only be applied to patients who are chronic hemodialysis outpatients.
2. Nurses will contact a provider for all inpatient potassium results to seek direction.

Equipment and Supplies

1. Potassium spiking solutions/powders
2. Potassium dialysate bath solutions

Protocol

Assessment

1. Obtain the potassium result from the electronic health record.
2. Review the result and determine if it within the range of the algorithm.
3. Assess the patient for any signs and symptoms of hypokalemia or hyperkalemia.

Interventions

1. Change the potassium if required as per the algorithm (see [Appendix A](#))
2. Notify the prescriber of the potassium bath change via the message center as per algorithm
3. If the potassium result is outside of the range in the algorithm, contact the prescriber for direction.
4. Consult dietitian as per algorithm.

Documentation

1. Document dietitian was notified, if applicable
2. Document in team communication, potassium bath was changed, nurse to follow-up in subsequent treatments.
3. Document the potassium result in a nursing narrative/progress note, and whether it was within the range of algorithm or not.
4. Document the change in potassium bath if adjusted in accordance with the algorithm. (e. g. changed from K2 to K3 bath).
5. Document direction received from prescriber when result is outside the range.

Patient and Family Education

1. Provide patient, family, care facility with information on the recommended type and amount of food to maintain potassium within range as a chronic hemodialysis patient.
2. Provide patient, family with explanation of about why potassium bath has changed for their dialysis treatment.

Related Documents

1. [B-00-11-10024](#) - Telephone and Verbal Orders
2. [BCD-11-11-40001](#) - Nurse Independent Activities (NIA) and Nurse-Initiated Protocols (NIP)

References

1. Clase, C. & et al. (2020). Potassium homeostasis and management of dyskalemia in kidney disease: conclusions from a kidney disease: Improving Global Outcomes (KDIGO) Controversies conference.
Kidney International (2020) Volume: 97 Issue 1 ISSN: 1523-1755.
2. Mount, D., Sterns, R. & Forman, J. (2022). Literature review: Treatment and prevention of hyperkalemia in adults. UpToDate®. Retrieved on November 15, 2022 from <https://www.uptodate.com>
3. Pun, P.H., & Middleton J.P. (2017). Dialysate potassium, dialysate magnesium, and hemodialysis risk. *Journal of the American Society of Nephrology*, 28(12), 3341-3451).

Developed By:

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Persons and Groups Consulted

Renal Clinical Practice Group

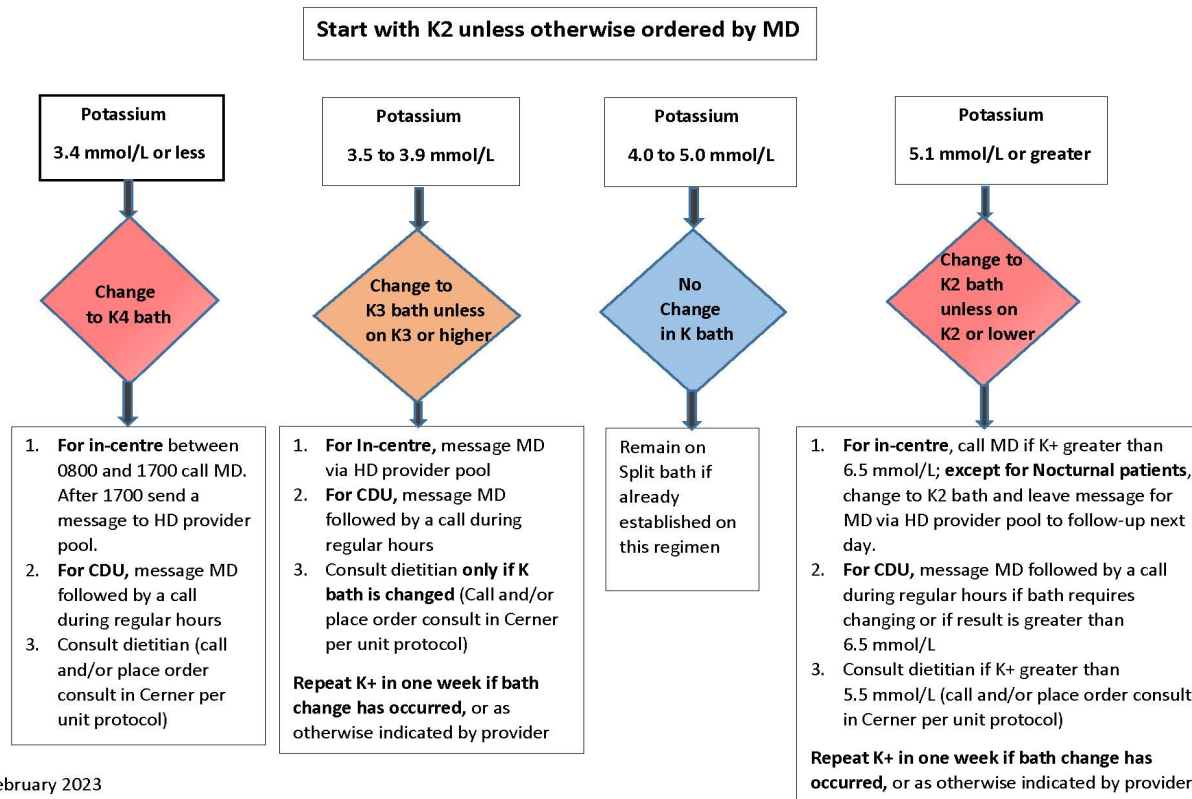
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Appendix A: Guideline for Management of Potassium Bloodwork for Hemodialysis Patients

Guideline for Management of Potassium Bloodwork for Hemodialysis Patients

For acute or admitted chronic patients, follow inpatient orders

This is a guideline and does not supersede clinical judgement or communication between health professionals



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