



# El Dorado County Emergency Medical Services Agency

## Quick Reference

Revised Date: July 1, 2020

### Medication Profile

#### **Calcium Chloride (CaCl<sub>2</sub>)**

##### **Class:**

Inotropic Agent (Electrolyte)

##### **Action:**

Replenishes a necessary element (Ca++) which is necessary for nerve and muscle function, as well as cardiac function and blood clotting. Increases contractile force (inotrope), prolongs systole, and increases myocardial automaticity.

**Onset:** Immediate

**Peak:** N/A

**Duration:** 0.5-2 hours

##### **Adult Administration:**

###### **Hyperkalemia/Overdose of Calcium Channel Blockers:**

10mg/kg Slow IV/IO push (Base Order)

##### **Crush Syndrome:**

1gram IV/IO slow over 5 min. Repeat if symptoms persist. (flush line with NS before and after administration)

- Compression equal or greater than 4 hours and absent P waves, Peaked T waves, and/or prolonged QRS complex

##### **Pediatric Administration:**

###### **Hyperkalemia/Overdose of Calcium Channel Blockers:**

20mg/kg (0.2ml/kg) slow IV/IO push. Base MD Order

##### **Crush Syndrome:**

20mg/kg slow IV/IO push over 1 min (Base Order)

Repeat if symptoms persist (Flush line with NS before and after administration).

- Compression equal or greater than 4 hours and absent P waves, Peaked T waves, and/or prolonged QRS complex

##### **Indications:**

Hyperkalemia associated with crush injury

Overdose of calcium channel blockers

##### **Contraindications:**

Pt's taking digitalis based medications

##### **Side Effects:**

CV: Hypotension, bradycardia arrhythmias, cardiac arrest, venous thrombosis CNS:

Headache, confusion, psychosis, brain cell injury

GI: Nausea, vomiting, anorexia MS:

Joint pain

GU: Polyuria

**Pregnancy:**  
Category C

**Notes:**

- IV line must be flushed between Calcium Chloride and Sodium Bicarbonate to avoid precipitation.
- Observe IV site closely. Extravasation may result in tissue necrosis. Slow IV push.