



**BLS**

**ALS**

- Ensure patent airway
- O<sub>2</sub> saturation
- Give O<sub>2</sub> to maintain SpO<sub>2</sub> at 94% to 98%
- Ventilate PRN

- Monitor/EKG
  - Determine time of last dialysis
  - IV in upper extremity without working graft/AV fistula <sup>Ⓐ</sup>
- For immediate life threat only**
- EJ/IO access preferred over accessing percutaneous dialysis catheter (e.g., Vascath) or shunt/graft
  - Monitor and administer via existing dialysis catheter (aspirate 5 mL **prior** to infusion\*)
- OR**
- Access graft/AV fistula
- Fluid overload with rales**
- Treat CHF per Respiratory Distress Protocol (S-136)
- Suspected hyperkalemia (widened QRS complex or peaked T-waves)**
- Obtain 12-lead EKG
  - If widened QRS complex, immediately administer CaCl<sub>2</sub> 500 mg IV/IO
  - NaHCO<sub>3</sub> 1 mEq/kg IV/IO
  - Continuous albuterol/levalbuterol 6 mL via nebulizer <sup>Ⓐ</sup>

\*Dialysis catheter contains concentrated dose of heparin, which must be aspirated **prior** to infusion