12.03 INTRAVENOUS INFUSION OF POTASSIUM CHLORIDE
CCT PARAMEDICS

- These procedures/interventions shall only be performed by paramedics with CCT-P (Critical Care Transport-Paramedic) training and designation.
- Patients shall be placed on cardiac monitor for duration of transport.
- Signed transfer orders from the transferring physician must be obtained prior to transport and must provide for maintaining the Potassium Chloride infusion during transport.
- If medication administration is interrupted (infiltration, accidental disconnection, malfunctioning pump, etc.) the CCT-P may restart the IV line as delineated in the transfer orders. Caution must be used to prevent inadvertent overdose of medication.
- The following parameters shall apply to all patients with pre-existing Potassium Chloride infusions:
  - Medication concentration will not exceed 40 mEq/liter of IV fluid.
  - A more concentrated solution that contains no more than 10 mEq KCL TOTAL in the infusion bag is allowable.
  - Infusion rates must remain constant during transport with no regulation of rates being performed by the CCT-P.
  - CCT-Ps may not initiate Potassium Chloride infusions.
  - Infusion rate may NOT exceed 10mEq/hour.
  - Vital signs are to be monitored as indicated in the transfer orders, not less frequently than every 15 minutes.
  - In case of new onset of cardiac dysrhythmia, infusion should be stopped immediately, patients treated according to appropriate dysrhythmia protocol, and receiving hospital notified immediately.
  - If pump failure occurs and cannot be corrected, the paramedic is to discontinue the Potassium Chloride infusion and notify the transferring physician or the base hospital physician if the transferring physician is not available.