



Class 3 IFT-Paramedic Treatment Protocol 3604

Electrolyte / Nutrition Protocol

Page 1 of 1

A. Potassium Chloride (KCl): Used for potassium replacement in the patient with hypokalemia or related cardiac arrhythmias. **Must be on a pump and at a concentration of no more than 40 meq/1000ml. Must be given over no less than 2 hours.**

1. Perform **Class 3 IFTA Protocol 9201**.
2. Continue infusion rate as **ordered by the sending physician**.
3. Assess IV site for signs of infiltration.
4. KCl infusions are **monitor only for the C3-IFT paramedic**.
5. Monitor patient for arrhythmias, confusion, restlessness, and ECG changes.
6. If symptoms occur, **contact medical command and consult MCP**.

B. Magnesium Sulfate: Used for prevention and treatment of hypomagnesemia and related cardiac dysrhythmias, management of obstetrical emergencies and preterm labor, and as an anticonvulsant.

1. Perform **Class 3 IFTA Protocol 9201**.
2. Continue infusion rate as **ordered by the sending physician**.
3. Assess IV site for signs of infiltration.
4. Magnesium Sulfate infusions are **monitor only for the C3-IFT paramedic**.
5. Monitor patient for arrhythmias, confusion, lack of muscle and reflex tone, restlessness, and ECG changes.
6. If symptoms occur, **contact medical command and consult MCP**.
7. For magnesium toxicity, perform C3-IFT Protocol 3903 Reversal Agent Protocol.

C. Total Parenteral Nutrition (TPN): Primary or supplemental nutrition that bypasses the gastrointestinal tract by being infused directly into the blood stream.

1. Perform **Class 3 IFTA Protocol 9201**.
2. Continue infusion rate as **ordered by the sending physician**.
3. Assess IV site for signs of infiltration.
4. TPN infusions are **monitor only for the C3-IFT paramedic**.
5. TPN should only be administered via central venous catheter.
6. **Contact Medical Command** if questions or complications develop during transport.