Night Float Survival Guide

HyperKalemia:
1. DC all K+ and all drugs increasing K+
2. STAT repeat K+
3. 1 amp D50 + 10units IV insulin
4. Albuterol 10mg nebulized over 20min (4 vials)
5. 1 amp HCO3
6. +/- 1 amp CaCl or Ca-Gluconate
7. Kayexelate (If gut working) 15-60 grams PO or 30-50 grams retention enema, repeat q6hrs
8. Hemodialysis if renal patient

HypoKalemia:
- Each 20-30meq K+ will raise K+ by 0.1meq/L
- IV rate not to exceed 10meq per hour
- Try to correct K+ to the low end of scale; (shoot for 3.7)
- Do not give more than 60meq before rechecking

HypO magnetesemia:
- 1-2 grams Magnesium Sulfate IVBP over 1-2 hrs

HypoCalcemia:
- 1-2 grams CaCl or CaGluconate IVBP over 1-2 hrs

HypoPhosphatemia:
- Neutra-PHos-K: 1 packet PO Na-/K-Phos IV over 6 hrs (4.4mEq Na or K in 3mmol)

PO4: 1.6-2.1 mg/dL give 0.15 mmol/kg
- 1.2-1.5 0.3
- 0.8-1.1 0.45
- <0.8 0.6

Hiccups:
- Thorazine 10mg IM q6-8 hrs prn

Antiemetic:
- Zofran 4mg IV/PO q6hrs prn - check last EKG for QTc
- Reglan 10mg PO qac /TID (5mg in elderly)
- Phenergan 12.5-25mg PO/IV/IM q6 hrs prn
- Compazine 5-10mg PO/IV/IM q6-8 hrs prn

Diarrhea:
- Imodium 4mg PO, then 2mg PO after each loose stool thereafter. -Max 16mg/day

Anxiety:
- Ativan 0.5-2mg IV/IM/PO q4-6 hrs prn
- Valium 2-10mg PO BID/QID prn
- Xanax 0.25-1mg PO BID/QID prn

Agitation:
- Halodol 1-5mg PO/IM IV q4-8 hrs prn
- Ativan 1-2mg PO/IV q2-6 hrs prn

Chest Pain:
1. VS, O2 sat, O2 if needed
2. STAT EKG, STAT PCXR
3. Lyes, Cardiac Enzymes +/- ABG
4. Chew 4 baby ASA
5. NTG 0.4mg SL q5min x3
   a. NTG gtt if pain doesn’t resolve, titrate gtt for pain
6. Heparin wt-based protocol (Level 1 or 2)
   i. Level 1 with Gilda /lb
   ii. Level 2 w/o Gilda/lb
b. Loperssor 5mg IV q5min x3, then q6hrs
   i. Hold for HR<50 or SBP<100
   c. Coreg 3.125-6.25mg PO q6hrs
   i. Hold for HR<50 or SBP<100
   ii. Use in patients with EF < 40%
   d. Morphine 1-2mg q2-4 hrs prn pain

SOB:
1. O2 sat, give O2
2. STAT ABG and PCXR
3. Meds:
   a. DuoNeub 2.5mg-0.5mg/3ml INH q4-6hr
   b. Xopenex 0.63-1.25mg aerosol if pt. tachy
   c. Lasix for CHR (40-80mg IV)
4. BiPAP 15/5
5. Intubation if needed - call ICU

Low UOP:
1. Flush Foley or do straight cath
2. Bolus IV (If pt has good heart) 500-1000cc NS
3. Lasix 20-80mg IV - call senior first
4. Renal Dopamine (2-3mg/kg/hr)?

ET Tube:
- Placement should be 3-5cm above the carina. Always get CXR after intubation

NG Tube:
- CXR for placement. Make sure the NG tube is below the diaphragm. Make sure the feeding tube is not in bronchus!

Hypotension:
1. Fluids!!!
   a. If pt is on a vent give 1 liter @ a time
   b. If pt is CHF give 500cc @ a time
2. Pressors: Have nursing titrate for Mean of SBP
   a. Dopamine: Max 20mcg/kg/hr
   b. Levophed: Max 40mcg/kg/hr
   c. Neosynephrine: Max 350mcg/kg/hr
   d. Vasopressin: Max 0.01unit /kg/hr

A-fib w/ RVR:
- Cardizem gtt, titrate to keep HR < 110

SVT:
1. Adenosine 6mg IVP, may repeat w/ 12mg
   a. Max of 3 doses
2. Lopressor IV 5mg q5min x3
   a. Hold for SBP < 100
3. Cardizem: Bolus 0.25mg/kg IBW x2, then gtt
4. Esmolol: Bolus 500mcg/kg over 1 min
   a. then 50mcg/kg for 4 min, if no response titrate drip up by 50mcg/kg/min to max of 200mcg/kg/min

Hyperglycemia: Insulin SS:
0-70: 1 amp D50 (alt: OJ/Skim Milk), Recheck
71-120: 0 units 121-150: 1 unit
151-200: 2 units 201-250: 4 units
251-300: 6 units 301-350: 8 units
351-400: 10 units 400+: Call HO
- Recheck BS in 4 hours!!! (Peak effect of Insulin-R)

Fever:
- Tylenol 650-1000mg PO or 1 gram PR q6hrs
- Fever > 102°F (38.9°C)
  - Blood Cx x2, U/A w/ C&S, Sputum Cx + Gram stain
- CXR
- Cooling blanket if all else fails

HTN:
1. Lopressor 5mg (2.5-10mg ) IV q6hrs
2. Vasotec 1.25mg (0.625-2.5mg) IV q6hrs
3. Hydralazine 10mg (10-20mg) IV q6hrs
Laxatives:
- Colace 100mg PO BID/QID prn
- MOM 5-15 ml PO q6hrs prn
- Tap Water Enema
- Soap Suds Enema
- Mag Citrate ½ to 1 bottle (Strong)
- Glycerine Suppository
- Dulcolax Suppository 5-10mg PO/PR QD (Strong)
- Reglan 10mg PO qac /TID (5mg in elderly)

Indigestion:
- Maalox Plus 10-20cc PO q4-6 hrs prn
- Tums Extra Strength 1-2 tabs PO q4hrs prn

Sleepers:
- Melatonin 3mg PO QHS
- Ambien 5-10mg PO qhs prn
- Restoril 15-30mg PO qhs prn (Caution in elderly)
- Benadryl 25-50mg PO qhs prn (Don’t use in BPH)
- quetiapine 25mg PO qhs prn (check QTc)

EtOH:
- Thiamine 100mg PO/IV + Folate 1mg PO/IV
- MVI PO/IV, IVF: D5 after thiamine given
- Ativan or Phenobarb (Never both)

DKA
- Fluids:
  - Give 2 liters of NS over the first 2 hours
  - Then give ½NS at 200250ml /hr
  - when BS ~200250 change IVF to D5½NS
- Insulin gtt:
  - Initial bolus 0.1 units/kg IV
  - IV rate 0.1 units/kg IV
- If pt going to the floor, use the following parameters:
  - Decrease rate by 1 unit if BS decreases by 100
  - Decrease rate by 2 units if BS decreases by 200
  - Increase rate by 1 unit if BS decreases by 100
  - Increase rate by 2 units if BS decreases by 200
- Accucheck q1hr
- KCL Replacement:
  - Pts. Will require between 37meq KCL/kg during their treatment
  - DC Insulin gtt when serum ketones are clear

Blood Transfusions:
- Always check Iron studies before blood transfusions!

Iron Studies:
- TIBC, Ferritin, Serum Iron, % Iron Saturation

Pronouncing Death:
- (Have Pastoral Care present for pt. & fam.)
- No spontaneous breathing, no HR, no pulse via Doppler, no response to painful stimuli, pupils fixed and dilated. Record findings in chart as well as time of death. Notify attending and family. Have the family leave the room while pronouncing.

Code Status:
- Full Code:
  - Anything and everything. Know your ACLS
- DNR
  - Continue all treatment, but in the event of cardiac arrest do not perform chest compressions or cardiac defibrillation
- DNR-DNI (Not Intubation)
  - Same as DNR, but do not intubate
- DNR-CC
  - Comfort care only
- Always document any conversation you have with family or the patient regarding code status. If you don’t document it other physicians may not know what you have done.

Central Line Placement:
- Tip of central line should be just outside the right atrium. It is ok if it is just inside the tricuspid valve, but if it is in the right ventricle it must be pulled back.
- If placing a Left IJ - Make sure the central line passes the midline of the chest, if it does not, it may be in the aorta
- If you have even a small amount of concern, make sure you have the nurse connect the line to a transducer to see if it has a waveform, look for arterial pressures

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**Cocaine Induced HTN:**

- Do not use Beta Blockers!!
- Clonidine 0.1mg PO q1hr (Max 0.6mg /day)
- Hadralazine 10-20mg IV q4-6hrs
- Vasotec 1.25-2.5mg IV q6hrs

**Seizures:**

- If pt. not actively having seizures hold off on meds
  - Cannot get good results on EEG if pt is on meds
- If pt. is actively having seizures:
  - Ativan
    - 2-4mg q5min while patient is having a seizure
  - Dilantin:
    - Loading dose: 15-25mg/kg (~1 to 1.5g)
    - Maintenance dose: 300mg /day TID
    - Check levels for toxicity
    - Look for ataxia and nystagmus

**Status Epilepticus:**

- Phenobarbital:
  - Loading dose 300-800mg IV
  - 120-240mg q20min thereafter (Max total dose 2g)
  - Maintenance dose 50-100mg BID/TID