Night Float Survival Guide

HyperK:
1) DC all K+ and all drugs increasing K+
   2) STAT repeat K+
   3) 1 amp D50 + 10 units IV insulin
   4) 1 amp HCO3
   5) +/- 1 amp CaCl or Ca-Gluconate
   6) Kayexelate (If gut working) 15-60 grams PO or 30-50 grams retention enema, repeat q6hrs
   7) Hemo if renal patient

HypoK: Each 10 meq K+ will raise K+ by 0.05-0.1 meq/L
   IV rate not to exceed 10 meq per hour
   Try to correct K+ to the low end of scale; (shoot for 3.7)
   Do not give more than 60 meq before rechecking

HypoMg: 1-2 grams Magnesium Sulfate IVBP over 1-2 hrs

HypoCa: 1-2 grams CaCl or Ca-Gluconate IVBP over 1-2 hrs

HypoPhos: Neutra-Phos-K: 1 packet PO or IV 6 hrs (4.4 mEq Na or K in 3 ml mol)
   PO: 1.6-2.1 mg 0.15 mmol/kg
   1.5 0.1
   1.1 0.08
   8 0.06

Hiccups: Thorazine 10 mg IM q6-8 hrs prn

Antiemetic: Phenergan 12.5-25 mg PO/IV/IM q6-8 hrs prn
   Zofran 4 mg IV/PO q6hrs prn
   Compazine 5-10 mg PO/IM/IM q6-8 hrs prn

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

Agitation: Haldol 1-5 mg PO/IM/IV q4-8 hrs pm
   Nembutal 25-100 mg IV q4-6 hrs pm
   50-150 mg IM q4-6 hrs pm
   NOTE: Can decrease respiratory fxn!!!

Detox: Phenobarb 120-240 mg IV, then Ativan 2-4 mg q1h
   or Ativan gtt – max 20/hr
   NOTE: You may have to intubate!!!

Hypotension: 1) Fluids!!!
   liter @ a time
   -If pt is on a vent give 1

   @ a time
   -If pt is CHR give 50 cc

   -If pt is renal give 250 cc
   50 g salt Poor Albumin. Give 25 G SPA over 30 min
   2) Pressors: Have nursing titrate for Mean of SBP
   /hr
   -Dopamine: Max 20 mcg/kg
   /hr
   -Levophed: Max 40 mcg/kg
   unit/kg/hr
   -Neosynephrine: Max 350 mcg/kg/hr

   A-fib w/ RVR: 1) Cardizem gtt, titrate to keep HR <110
   -Oral conversion:
   [gtt rate * 3 + 3] * 10 = oral dose
   SVT: 1) Adenosine 6 mg IVP, may repeat w/ 12 mg
   -Max of 3 doses
   2) Lopressor IV 5 mg q5 min x3
   -Hold for SBP < 100

   3) Cardizem: Bolus 0.25 mg/kg
   IBP x2, then gtt
   4) Esmolol: Bolus 0.5 mg/kg
   over 1 min
   -Then 50 mcg/kg for 4 min, if no response titrate drip up by 50 mcg/kg/min to max of 200 mcg/kg/min

Hyperglycemia: Insulin SS:
   0-70: 1 amp D50 (alt: OJ/Skim Milk), Recheck
   71-120: 1 amp D50, (alt: OJ/Skim Milk), Recheck
   121-150: 1 unit
   151-200: 2 units
   201-250: 4 units
   251-300: 6 units
   301-350: 8 units
   351-400: 10 units

   Morphine 1-2 mg q2-4 hrs pm
   40% pain
   -Use in patients with EF <
   -Hold for HR < 50 or

   Coreg 3.125-6.25 mg PO q6 hrs
   SBP <100
   -Hold for HR < 50 or

   71-200: 1 amp D50 (alt: OJ/Skim Milk), Recheck
   151-200: 2 units
   201-250: 4 units
   251-300: 6 units
   301-350: 8 units
   351-400: 10 units
   400+: Call HO
Kytril 1mg IV BID prn

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

**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

**Indigestion:** Maalox Plus 10-20cc PO q4-6 hrs prn
Tums Extra Strength 1-2 tabs PO q4 hrs prn
Ripoan 5-10cc qac + qhs

**Sleepers:** Ambien 5-10mg PO qhs prn
Restoril 15-30mg PO qhs prn
Benadryl 25-50mg PO qhs prn
(Don't use in BPH)
Geodon 20mg PO qhs prn

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

**DKA**

**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
4) Clonidine 0.1mg (0.1-0.3) PO q1hr (Max 0.6mg)
5) Catapress TTS #1 (#1-3) Change q72 hrs
6) Labetalol 20mg IV, then 40-80mg q10min (Max 300mg/day)
7) Nifedipine 10mg SL q6hrs
8) Drips:
   - Nipride: start @ ½ - 1 mcg/kg /min
   - Labetalol: start @ 1-2mg/min (Max 500mcg/kg (Cyanide poisoning))
   - Esmolol: Loading dose 500mcg/kg/min in 1 min, Then 50-200mcg /kg/min
   - Cardene: start @ 5mg/hr
   - NOTE: Nitro is not a BP Med!!!

**Code Statuses:**
- 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

**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 if must be pulled back.

**SOB:**
1) O₂ sat, give O₂
2) STAT ABG and PCXR
3) Meds:
   - DuoNeb 2.5mg-0.5mg/3ml
   - Xopenex 0.63-1.25mg aerosol if pt. tachy
   - Lasix for CHR (40-80mg IV)
4) BiPAP 15/5
5) Intubation if needed

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

**ET Tube:** Placement should be 1-2cm above the carina. Always get CXR after intubation

**NG Tube:**
KUB ? for placement. Make sure the NG tube is below the diaphragm. Make sure the feeding tube is not in bronchus!!!

**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.

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- Recheck BS in 4 hours!!! (Peak effect of Insulin-R)

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**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 if must be pulled back.
- 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 3-7meq 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

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:
  - Dilantin:
    - Loading dose: 15-25mg/kg (~1 to 1.5g/day TID)
    - Maintenance dose: 300mg
  - Check levels for toxicity
  - Look for ataxia and nystagmus

- 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.

Oxygen:
- For each liter you add it raises FiO2 by 3%
- Nasal Canula:
  - Max 6 Liters/min = Max FiO2 of 40%
- Non-Rebreather Mask
  - Max 10 Liters/min = Max FiO2 of 60%
- Non-Rebreather Mask with Reservoir
  - Max 15 Liters/min = Max FiO2 of 80%

BiPAP
- Non-invasive mechanical ventilation
- Initial settings of 15/5 usually works well

Rapid Sequence Intubation:
- Always have suction available, pt may be vomiting
  - Amidate 10-20mg IV for paralysis
  - Versed 2-3mg IV for pain control (May repeat if needed)

PE:
- Level III weight based heparin

Cough:
- (Sugar-free) Guaifenesin 100mg/5ml
  - Guaifenesin + dextromethorphan 100mg-10mg/5ml
  - 10-20ml q4hrs
- Ativan
  - 2-4mg q5min while patient is having a seizure

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