

**CLASS A:** Hyper K                      **CLASS B:** Calcium channel blocker OD except in cardiac arrest, Hydrogen Fluoride exposure

**PROTOCOLS USED IN:** Hyperkalemia, Poisoning/Overdose, Hydrogen Fluoride

**PHARMACOLOGY AND ACTIONS:**

- Cardiac protectant in hyperkalemia
- Binds fluoride ion in hydrofluoric acid exposure

**CONTRAINDICATIONS:**

- A. Cannot be administered simultaneously or sequentially (without flushing) with sodium bicarbonate via same access point**

**INDICATIONS:**

- A. Hyperkalemia.  
B. Suspected calcium channel Blocker overdose.  
Hydrogen fluoride/hydrofluoric acid exposure

**PRECAUTIONS:**

- A. Extremely important to flush the IV line between administration of sodium bicarbonate and calcium gluconate to avoid precipitation.  
B. Extravasation of Calcium salts will cause necrosis of tissue. The IV should be secured and free blood return into the syringe should be checked 2-3 times during administration. If extravasation does occur, immediately stop administration.

**SIDE EFFECTS AND NOTES:**

- A. Relatively safer with peripheral administration as compared to calcium chloride for risk of vascular necrosis with extravasation

**ADULT DOSING:**

**Hyperkalemia, calcium channel blocker overdose -**  
2000-3000 mg slow IV/IO over 5 – 10 minutes  
**Hydrogen Fluoride – see protocol. Contact OLMC**

**PEDIATRIC DOSING:**

**Hyperkalemia, calcium channel blocker overdose -**  
0.5 ml/kg slow IV/IO over 5 – 10 minutes. Use a proximal port. Max dose 10 ml.