**Problem list:**

**1) Hyperkalemia and hypervolemia secondary to ESRD:**

* Administer “hyperK cocktail”
	+ Ca gluconate 1000 mg IV over 2 – 3 mins with continuous cardiac monitoring
	+ 10 units insulin IV bolus immediately followed by 50 mg D50 IV bolus
	+ Albuterol 10 – 20 mg nebulized over 10 mins
	+ sodium bicarb 50 mEq IV
	+ Patiromer 8.4 g PO once
* Admit for emergency dialysis
* US-guided placement of Shiley HD catheter via jugular vein for emergent dialysis, 4-5 hours, for correction of BUN, creatinine, electrolyte and volume status
* Follow up with nephrology upon discharge

**2) Ascites secondary to hepatic cirrhosis:**

* Perform paracentesis
* If > 5 liters removed, administer IV albumin (6 to 8 g/L removed)

**3) Compromised brachial AV fistula:**

* Consult vascular surgery for removal of current brachial AV fistula and placement of new AV fistula on other arm or other site (to be determined by surgery personnel)

**4) Anemia of chronic disease:**

* admin epoietin alpha (Epogen) SC 50 – 100 units/kg 3 times weekly

**5) DM:**

* insulin glargine 0.2-0.3 units/kg/day IV once daily for basal insulin while inpatient
* POC BGL Q 8 hrs
* Resume outpatient Humulin Insulin upon discharge and refer to endocrinology

**6) Stable angina:**

* Continue outpatient isosorbide mononitrate 60 mg PO once daily
* Give additional doses PRN for breakthrough angina

**7) HTN:**

* Continue outpatient amLODIPine 10 mg PO once daily, hydrALAZINE 100 mg PO TID, and labetalol 200 mg PO TID
* Start lisinopril 2.5 mg PO once daily (starting dose for renally impaired and dialyzed pts)

**8) HLD:**

* Start atorvastatin 40 mg PO daily

**Sources:**

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<https://www-uptodate-com.york.ezproxy.cuny.edu/contents/patiromer-drug-information?search=hyperkalemia%20treatment&topicRef=2332&source=see_link>

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