



Objectives: Electrolyte Abnormalities

1. As it relates to ordering and monitoring electrolytes:
 - a. Do not order electrolytes routinely as part of screening in asymptomatic patients.
 - b. Consider electrolyte panels depending on the specific clinical context.
 - c. Ensure appropriate monitoring of electrolytes if prescription of a new class of medication warrants it (e.g. monitoring of K⁺ with ACE inhibitor or loop diuretic).
2. As it relates to the correction of electrolyte imbalances:
 - a. Ensure prompt correction of electrolytes (e.g. potassium, magnesium) in patients at risk of cardiac dysrhythmias.
 - b. Do not indefinitely prescribe electrolyte supplementation unless there is clear reason for the deficit (e.g. prescription of loop diuretic) and ensure that the level is appropriately monitored.
3. Utilizing both clinical exam and laboratory testing, diagnose and treat the potential etiologies of hyponatremia (e.g. tea and toaster, hypovolemia, SIADH, cirrhosis etc...)
4. Promptly recognize and treat hyperkalemia.
5. Promptly correct patients with electrolyte deficiencies such as hypokalemia or hypomagnesemia, especially in patients at risk for dysrhythmias.
6. In cases of hypercalcemia, evaluate and diagnose the underlying etiology.
7. Promptly treat symptomatic hypercalcemia.