BURTON CRITICAL CARE DRUG MONOGRAPH

CALCIUM		
CLASS	Electrolyte supplementation	
INDICATION	Hypocalcaemia Use separate citrate haemodialysis calcium guidelines for patients on RRT	
	ACUTE SEVERE HYPERKALAEMIA (K+ > 6.5mmol or in the presence of ECG changes)	
DOSE	Use in conjunction with UHDB Hypocalcaemia guidelines https://derby.koha-ptfs.co.uk/cgi-bin/koha/opac-detail.pl?biblionumber=3041	
	Mild hypocalcaemia (Asymptomatic and >1.9mmol/L adjusted Calcium) 10% Calcium gluconate - 10mL slow iv bolus over 5 minutes or dilute in 50mL sodium chloride 0.9% over 30 minutes	
	Severe hypocalcaemia (= 1.9mmol/L adjusted Calcium or<br symptomatic at level below reference range) LOADING: 10% Calcium gluconate – 20mL over 10mins	
	MAINTENANCE: 22.5mmol (100mL) of 10% calcium gluconate in 1000mL sodium chloride 0.9% over 10 - 20hrs (50-100mL/hr)	
	Severe hypocalcaemia in fluid restricted patients 2 x 50mL syringes of neat 10% calcium gluconate at 10mL/hr Duration :10hrs Total Dose: 22.5mmol in 100mL	
	<u>Severe hypocalcaemia IV CENTRAL ONLY</u> 20mL (20mmoL) of calcium <u>chloride</u> (1mmol/ml) injection neat at 5mL/hr	
	ACUTE SEVERE HYPERKALAEMIA Please refer to UHDB hyperkalaemia guideline https://derby.koha-ptfs.co.uk/cgi-bin/koha/opac-detail.pl?biblionumber=1269	
PRESENTATION	Calcium gluconate 10% injection,10mL amp (2.25mmol Ca2+)	
	Calcium chloride 1mmol/mL injection (14.7%) – 5 or 10mL amp	
	Note: Calcium chloride 10% in 10ml (approx. 6.8mmol Ca2+) pre- filled-syringe/Mini-Jets are kept in resuscitation boxes and used as rapid IV bolus as per British Resuscitation algorithms	
рН	6-8.2 (calcium gluconate)	
ROUTE	Calcium gluconate	
	IV CENTRAL (preferred for neat injection) or PERIPHERAL Calcium Chloride - IV CENTRAL ONLY for neat infusion, can be given peripherally when diluted at least x 4 times its volume with sodium chloride 0.9%	
PREPARATION/ ADMINISTRATION	Calcium gluconate – see dose and administration above	
	Calcium chloride 1mmol/ml injection –see above for fluid restricted patients	

CAUTION	Respiratory acidosis / respiratory failure
SIDE EFFECTS	Too rapid infusion may lead to cardiac arrhythmias or arrest, hypotension and vasomotor collapse, flushing and sweating Other S/E: Bradycardia, hypertension and chalky taste
MONITORING	Patients with cardiac arrhythmias or on digoxin therapy need continuous ECG monitoring during iv calcium replacement

Reference:

- 1. UHDB Hypocalcaemia guidelines <u>https://derby.koha-ptfs.co.uk/cgi-bin/koha/opac-detail.pl?biblionumber=3041</u> Accessed Dec 2023
- 2. UHDB Hyperkalaemia guideline <u>https://derby.koha-ptfs.co.uk/cgi-bin/koha/opac-retrieve-file.pl?id=1a6733eaef25c7032bba3eb10ad9caaf</u> Accessed Dec 2023
- 3. Calcium gluconate Injection BP. EMC Medicines SPC https://www.medicines.org.uk/emc/product/6264/smpc Accessed Dec 2023
- 4. Calcium Chloride Infusion 10% w/v. EMC Medicines SPC https://www.medicines.org.uk/emc/product/4126/smpc Accessed May2019
- 5. Calcium chloride Injection 10mmol/10mL EMC Medicines SPC https://www.medicines.org.uk/emc/product/4126/smpc Accessed May 2019
- 6. UKCPA: Minimum Infusion volumes for fluid restricted critically ill patients 4th Edition Dec 2012 <u>https://www.scottishintensivecare.org.uk/uploads/2014-07-</u> 24-19-56-30-Minimuminfusionvolumesinl-40262.pdf Accessed May 2019

Documentation Controls

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