CALCIUM CHLORIDE

Additional Names:	Calcium Replacement
Classification:	Electrolyte, Antidote
Indications:	Ca^{2+} Channel Blocker overdose Cardiac Arrest secondary to suspected hyperkalemia Suspected hypocalcemia. Hypermagnesemia (Magnesium Sulfate overdose)
Contraindications:	Known hypersensitivity Digoxin Overdose Hypercalcemia
Dosages:	**Adult:** Overdose / Acute Poisoning: Ca^{2+} Channel Blocker OD 500-1,000mg IV/IO infusion over 10-20min *w/Medical Control orders. Cardiac arrest w/ known or suspected hyperkalemia or renal disease/dialysis 1g IV/IO Crush Injury / Syndrome: Signs of Hyperkalemia present 1g IV/IO over 10min, not to exceed 1mL/min **Pediatric:** Cardiac arrest w/ known or suspected hyperkalemia or renal disease/dialysis 20mg/kg IV/IO, max 1g
Side Effects:	Sensation of “heat wave” or tingling, local burning sensation
Physiological: Effects	Calcium is an essential component for proper functioning nervous, muscular, skeletal, and endocrine systems and includes positive inotropic (contractility) and dromotropic (conduction speed) effects. It is believed to help reduce dysrhythmia caused by hyperkalemia by stabilizing the cardiac membrane resting potential. Massive hemorrhage leads to a hypo calcemic state which prevents proper coagulation. Administration of calcium chloride replaces that lost calcium supporting the body’s coagulation cascade.
Additional Info:	Irritation with extravasation *(may cause tissue necrosis) Rapid IV administration may cause sensation related to side effects. Cardiotoxicity and local phlebitis with rapid IV administration Use caution in patients with renal insufficiency or history of cardiac disease.