













High-Alert Medications CONCENTRATED ELECTROLYTES

The following concentrated electrolytes for parenteral administration are provincially recognized High-Alert Medications. They require Independent Double-Checks by Visual Verification.

Calcium injection,	Concentrated formulations include:
all salts	- calcium gluconate 100 mg/mL (10%) (equals 9.3 mg Ca++/mL)
all saits	- calcium chloride 100 mg/mL (10%) (equals 27.3 mg Ca++/mL)*
	If Pharmacy or Nurse prepared: all concentrations are High-Alert
	*EXCEPTION: calcium chloride when administered in emergency situations, defer to SDO-specific procedures
Dextrose injection	Concentrated greater than 20% for IV continuous infusions only
Magnesium Sulfate injection	Concentrated greater than 20% or 200 mg/mL (equivalent to 20 mg/mL or 0.8 mmol/mL of Mg++)
Potassium injection,	Concentrated formulations include:
all salts	- potassium chloride 2 mmol K+/mL
dir saits	- potassium phosphate 4.4 mmol K+/mL (equals 3 mmol phosphate/mL)
	- potassium acetate 4 mmol K+/mL (equals 4 mmol acetate/mL)
	- potassium chloride 20 mmol K+/100 mL minibag
	If Pharmacy prepared: concentration of final products greater than or equal to 80 mmol/L of K+ are High-Alert
	If Nurse prepared: all concentrations are High-Alert
Sodium injection,	Concentrated formulations include:
all salts	- sodium acetate 4 mmol/mL
an saits	- sodium bicarbonate 1 mmol/mL*
	- sodium chloride 4 mmol/mL
	- sodium phosphate 4 mmol Na+/mL (equals 3 mmol phosphate/mL)
	- sodium chloride 3% (contains 0.513 mmol Na+/mL)
	If Pharmacy or Nurse prepared: concentration of final products greater than 0.9% sodium chloride (0.154
	mmol/mL of Na+) are High-Alert
	*EXCEPTION: sodium bicarbonate when administered in emergency situations, defer to SDO-specific procedures

Limiting the availability of concentrated electrolytes is an important safety practice that minimizes the risk of patient/client harm.

Want to Learn More?

https://healthproviders.sharedhealthmb.c a /projects-standards-and-guidelines/

