

# CALCIUM CHLORIDE

(Revised: November 2017)



<b>TYPE:</b>	Electrolyte – utilised in both electrical and mechanical actions of the myocardium [no schedule]
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<b>PRESENTATION:</b>	1g in 10ml – glass vial
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<b>ACTION:</b>	Opposes the action of high serum potassium on the myocardium. Onset: several minutes. Duration: 30 – 90 minutes.
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<b>USES:</b>	<b>ICP</b>	1. Emergency treatment of hyperkalaemia
	<b>ICP</b>	2. Cardiac arrest <i>secondary to hyperkalaemia</i> (i.e. hyperkalaemia is thought to be the cause of the cardiac arrest)
	<b>ICP</b>	3. Prolonged hypotension post-magnesium administration, if unresponsive to fluid

<b>ADVERSE EFFECTS:</b>	1. Tissue necrosis if extravasates 2. Precipitates out in contact with bicarbonate 3. If pushed fast: <ul style="list-style-type: none"><li>- bradycardia</li><li>- peripheral vasodilation</li><li>- hypotension</li></ul>
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<b>CONTRA-INDICATION:</b>	1. Known hypersensitivity 2. Digoxin overdose
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<b>DOSE:</b>	
ADULT and PAEDIATRIC:	
<b>ICP</b>	<b>With cardiac output:</b> 10mg/kg (up to 1g) IV/IO – over 2 minutes. Repeat once, if required. <b>No cardiac output:</b> 10mg/kg (up to 1g) IV/IO – over 30 – 60 seconds. Repeat once, if required.