**Disclaimer- This is an example ONLY and information contained is not to be used as medical advice. Please get with your medical care provider and create a form for YOUR SPECIFIC MEDICAL NEEDS. In this example the patient’s physician printed this form on hospital letterhead and signed it.**

**Hospital Management Guidelines - HypoKPP**

**Hypokalemic Periodic Paralysis**

**PERSONAL INFORMATION:**

**Patient's Name**: John Doe

**Address:** 123 Any Street, Any Town, FL 123455

**Birthdate: Height : Weight:**

12/30/2001 5’ 10” 150 lbs.

**PHYSICIANS:**

**Local Primary**: Dr. John Smith, Any Town, FL 604-555-5555

**Specialists**: Dr. Jane Smith, Neurology, University Hospital, 604-555-5555

 Dr. Karen Smith, Cardiology, University Hospital, 604-555-5555

**EMERGENCY CONTACTS:**

Name:     **Johnathon Doe** Name:     **Jane Doe**

Relationship: **Father** Relationship: **Mother (also has HypoKPP)**
Cell#          **604-555-5555**          Cell#          **604-555-1212**

**BASIC INFORMATION AND HISTORY**:

Common symptoms during attacks: Body fatigue, lower leg weakness progressing to paralysis. If not treated properly, will progress to full body paralysis which can include respiratory distress and cardiac involvement.

Age at onset of symptoms; 9 years old

Frequency of attacks: Rare (1 every couple months) as triggers are well managed

Genetic mutation: SCN4A

Other Diagnoses: Secondary Mitochondrial Dysfunction, Celiac Disease

Family history: Mother also has HypoKPP, Father has Celiac Disease

Dietary Requirements: Low carbohydrate (100 grams or less a day), low sodium (less than 2 grams a day), low sugar, high protein, gluten free diet (Celiac).

Normal range of K+ when asymptomatic**:** 4.0 – 4.2

Medications:  **- See attached list**

Food and Drug Allergies: **- See attached list**

**MEDICATIONS TO AVOID**: Succinylcholine, Epinephrine, Lidocaine as a numbing agent, drugs which reduce serum K+. Antibiotics which reduce neuromuscular transmission: aminoglycosides: Strepto-, Neo-, Kana-, and Clindamycin Macrolides: Erythromycin, Telithromycin, Azithromycin; Fluoroquinolones: Ciprofloxacin and others

**PAIN CONTROL**: Acetaminophen, NSAIDs, Narcotics (use cautiously and lowest dose possible as respiratory depression is prevalent in this patient population)

**POTASSIUM SUPPLEMENTATION**: 10 mEq K-Dur once daily. Effer-K 20 mEq PRN - when symptomatic or as preventative measures prior to known triggers.

**PRECAUTIONS:**  Place patient in lateral position to avoid aspiration during weakness/paralytic attack. Weakness can rapidly progress to paralysis and respiratory failure, monitor the patient closely. Paralyzed patients may appear to be unconscious but are awake and aware. Do not assume they cannot feel pain or hear conversations.

**TREATING HypoKPP ATTACKS:** Upon arrival in ER, Labs (Especially K+) should be drawn immediately, avoid use of tourniquet, and run stat. Supplement potassium if it is < 3.8. Potassium should be given orally if swallowing is not an issue. Potassium should be in the form of an effervescent tablet (20 – 25 mEq) dissolved in 6-8 oz water or liquid form (20 – 25 mEq) diluted in 6-8 oz water. If intravenous infusion is necessary, infuse 250 ml/hr lactated ringers with IVPB 10 mEq/hr KCl. The LR changes the body PH and aids in reversing the attack allowing potassium to move out of the muscle and back into the blood stream. Monitor K+ after these doses to ensure that you do not “overshoot” the potassium serum level. *Do* ***NOT*** *use glucose drip (use lactated ringers).*

The keys for successful treatment include: serum potassium level > 3.8, hydration with lactated ringers, and keep patient warm.

Cardiac Involvement: Monitor cardiac activity and respiration.

**IN THE EVENT OF TRAUMA OR ACUTE ILLNESS**: Please administer IV Infusion **Lactated Ringers** with 10-20 mEq/hr KCl. *DO* ***NOT*** *USE SUCCINYLCHOLOINE*.

**GENERAL ANESTHETICS**: **See attached Anesthesia Quick Reference Guidelines.** If not attached please go to PeriodicParalysis.org and search “QRG” to find “Anesthesia and Periodic Paralysis”, click “Read More”, then download appropriate guide.

**OPERATING ROOM TEMPERATURE CONTROL**: Chilling is a primary trigger in all forms of periodic paralysis. Patient should be kept warm during procedures, but both chilling and overheating are attack triggers in many patients.

**LOCAL ANESTHETICS**: USE NO EPINEPHRINE. Lidocaine works inconsistently if at all (common with HKPP). Recommend using an alternative such as Ropivacaine, Bupivacaine or Mepivicaine without Epinephrine.

**COMMUNICATION**: If the patient is unable to speak and can blink ask yes or no questions, say, "Blink once for yes, twice for no."

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John Smith, MD DATE

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