

Hyperkalaemia

Mild: >5.5 – 5.9 mmol/L	Moderate: 6.0 – 6.4 mmol/L	Severe: ≥ 6.5 mmol/L
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12 lead ECG (continuous monitoring if K ≥ 6.5 mmol/L, or acutely unwell patient)

Bloods (U&E, CK, VBG, FBC)

- If K⁺ ≥ 6.5, or ECG changes, then start treatment (at Step 1)
- If K⁺ 6.0 – 6.4 and no ECG changes, then consider treating (from Step 2)
- If K⁺ ≤ 5.9 and no ECG changes, then work-up for cause of hyperkalaemia and manage accordingly (Step 5)

Step 1 Protect the heart	IV Calcium Or	30 mL 10% calcium gluconate 10 mL 10% calcium chloride																								
Step 2 Move K⁺ into cells	IV Insulin + Dextrose <i>Then</i> <i>Consider</i> nebulised Salbutamol	50 mL of 50% dextrose plus 10 units of Actrapid Insulin, over 15 minutes 50 mL/hr of 10% dexrose for 5 hours, if blood glucose ≤7.0 mmol/L prior to treatment 10 – 20 mg																								
Step 3 Monitor response to therapy	Close and regular watch on blood glucose and K ⁺	<table border="1"> <thead> <tr> <th>Glucose</th> <th>Baseline</th> <th>15 mins</th> <th>30 mins</th> <th>1 hour</th> <th>90 mins</th> <th>2 hours</th> <th>3 hours</th> <th>4 hours</th> <th>6 hours</th> <th>8 hours</th> <th>12 hours</th> </tr> </thead> <tbody> <tr> <td>Potassium</td> <td>Baseline</td> <td></td> <td></td> <td>1 hour</td> <td></td> <td>2 hours</td> <td></td> <td>4 hours</td> <td>6 hours</td> <td></td> <td>24 hours</td> </tr> </tbody> </table>	Glucose	Baseline	15 mins	30 mins	1 hour	90 mins	2 hours	3 hours	4 hours	6 hours	8 hours	12 hours	Potassium	Baseline			1 hour		2 hours		4 hours	6 hours		24 hours
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Step 4 Remove K⁺ from the body	Treat Acute Kidney Injury Sodium Zirconium Cyclosilicate (Lokelma™) 10 g PO TDS for up to 72 hours Renal replacement therapy – likely to be required for refractory or severe hyperkalaemia in AKI or CKD	Bleeps: Renal SpR 8031 ITU SpR 8413 (RSCH) 6010 (PRH)																								
Step 5 Act to treat underlying cause	Look for causes Adjust medications – consider Sodium Zirconium Cyclosilicate (Lokelma™) for patients with Heart failure or CKD 3b-5 and who cannot control K ⁺ without stopping Renin-Angiotensin-Aldosterone-System inhibitors																									
CARDIAC ARREST	IV Calcium chloride 10% 10 mL; repeat if no better after 5 minutes IV insulin + dextrose (50 mL of 50% Dextrose + 10 units Actrapid) IV bicarbonate (50 mL of 8.4% NaHCO ₃) Plan for emergent renal replacement therapy (with CPR ongoing) in suitable patients if ROSC not achieved	SEEK URGENT SENIOR SPECIALIST ADVICE																								